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THE

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Original Department.

Lectures.

LATERAL CURVATURE OF THE SPINE.

By Prof. Louis Bauer, M. D.
Of Brooklyn, N. Y.

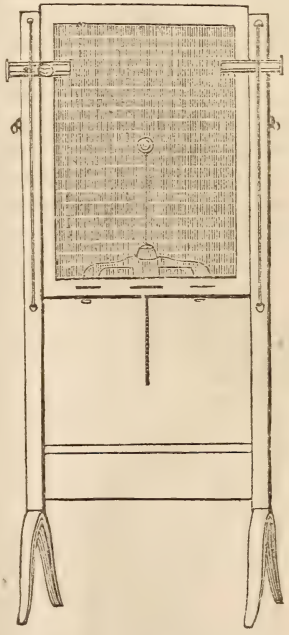
Scoliosis.

The diagnosis of scoliosis habitualis meets with no difficulty. In incipient cases, a plummet line suspended from the spinous process of the 7th cervical vertebra will show the slightest deviation from the perpendicular. In advanced cases, eye and hands will suffice. Some difficulty is however, experienced in ascertaining the changes which the deformity may undergo during the treatment, either for better or worse. And as this is of importance we will acquaint you with the best method to define such changes.

Formerly plaster casts of the trunk were taken from time to time and their respective differences determined by comparison. This method, is however, deceptive. For, in order to take a mould of the trunk, the patient has to be placed in a horizontal position, which of course relieves the spine of its superincumbent weight. As long as the spinal column has retained a part of, or its entire abnormal flexibility, it will almost be impossible to get a true copy of the exact deviation which the patient presents in the erect posture. Per accident we may obtain a representation greater or less than the exact deformity. Pretenders avail themselves of this circumstance for the purpose of deluding their patients, by artificially aggravating the deformity for the first mould, and take good care to get better forms for the subsequent ones.

In advanced cases of scoliosis, the plaster casts become more truthful, and therefore more reliable representations, because the flexibility of the spine has generally become extinct, the deformity more stable, and all the anatomical parts concerned in the same have assumed a more permanent shape. But even in these, deception may be practiced by placing one side higher than the other. In order to obviate possible error, Dr. Beuhring has introduced a very ingenious contrivance, by means of which the contours of the form can be accurately taken in an expeditious manner. The principal part of the apparatus is a glass plate, sixteen inches by twenty in size, the frame of which is moveable on an erect scaffold. The glass plate is divided by lines in half square inches. From the centre of the upper part of the frame a plummet line is suspended. At the side of the scaffold a contrivance is affixed, designed to grasp around the arms of the patient below the insertion of the deltoid muscle, and at the lower part of the frame a horizontal projection is placed, upon which a movable dioptor is fixed upon a vertical staff. You see the apparatus in all its parts and simplicity before you (Fig. 62), and we shall now proceed to exemplify its practical usefulness. In placing the apparatus with its dioptor toward the light, and the patient behind it, you have then to adjust the glass plate so as to cover the entire trunk. Next you fasten the arms of the patient to the scaffold, and to render him thereby immoveable, you take care that the patient stands with his spine in the median line of the plate as straight as possible, and with his heels together. By means of a delicate camel's-hair brush and some paint, you draw the lines of his contours accurately upon the glass; lastly, you suspend the plummet line corresponding with the spinous process of the 7th cervical vertebra, and by means of the dioptor the curved line of the spine and its deviation from the plummet line can be accurately marked.

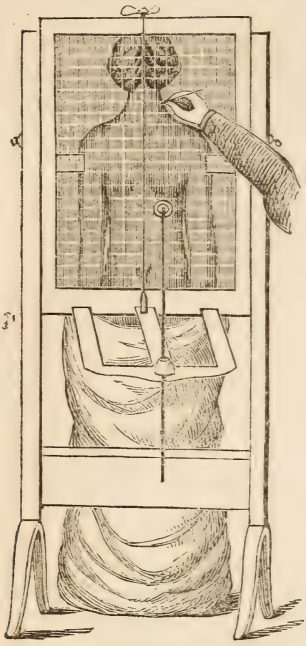
Fig. 62.



After the patient has been released from his position, you place a sufficiently large sheet of paper on the plate, and trace the lines of the body there-

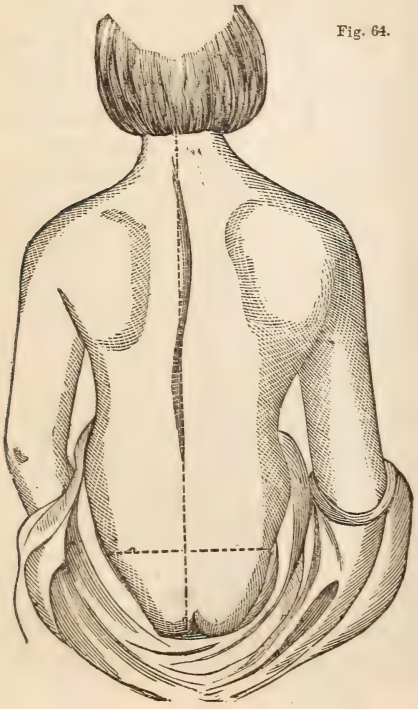
on. In this simple manner (Fig. 63,) you can procure at any time, and as often as you deem necessary, the existing deviation of the spine and compare it with the preceding representations, and thereby relieve your patients, not only of a material expense, but likewise from exposure to menial hands.

Fig. 63.



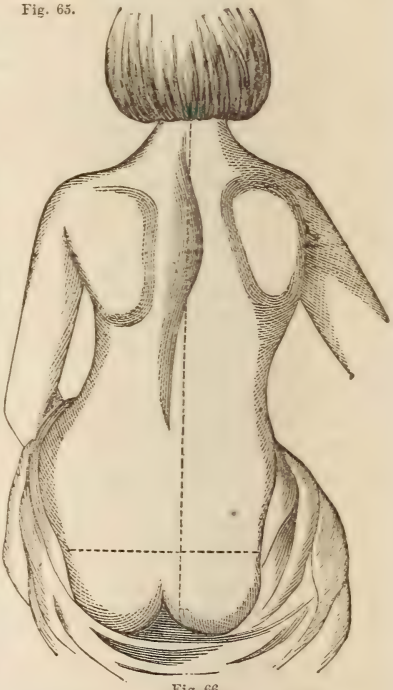
Some authors, Buehring among them, discriminate several degrees of scoliosis. Inasmuch as the differences are not qualified by pathological changes, their scientific value is rather questionable; yet, designating the incipient or more advanced stages of a continuous infirmity, they may be admissible as conventional expedients, and as such we bring them before you.

Fig. 64.



The first degree (Buehring,) manifests itself as an exception of the *normal* lateral curves, that is to say, the thoracic portion of the spine inclines more to the right, whereas the lumbar portion may be unchanged or slightly deviate to the left. on Fig. 64, you have an exemplification of the first degree. The perpendicular is indicated by a dotted line traversing the transverse diameter of the pelvis. The tension of the thoracic curve is about 2‴; the lumbar curve is not noticeable. The plummet line passes on the left of the rima natum, notwithstanding that the spine has almost entirely preserved its perpendicular. There are not as yet secondary deformities of the trunk, and the hand can easily correct the curvature.

Fig. 65.



In the second degree, as represented in Fig. 65 and in this cast of a young lady (Fig. 66,) the trunk manifestly inclines toward the right: the plummet line passes an inch to the right of the median line of the sacrum; the tension of both thoracic and lumbar curves are marked; the shoulder-blades have already changed their relative positions and the ilium is more prominent. There is, however, as yet, no torsion of the spine, nor are there permanent changes in its anatomical constituents. By means of the hand, or suspension of the patient in Glisson's swing, the curvature can be corrected; the flexibility of the spine is consequently still preserved.

Fig. 66.

Communications.

FIVE CASES OF GUN SHOT FRACTURE OF THE FEMUR.

Successfully treated with "Smith's Anterior," by Charles A. McCall, M. D., U. S. A.

By Elliott Coues, M. D., U. S. A.

Of Washington, D. C.

After the battle of Fredericksburg, December 13, 1862, three cases of gun shot fracture of the femur were received at the Mount Pleasant U. S. General Hospital, under charge of Charles A. McCall, Assistant Surgeon, U. S. A. These, with two other cases from the second Bull Run battle, in the Stone Hospital, at that time also under charge of the same Surgeon, present in such a favorable light the chances of success by careful treatment, as compared with the results of amputation that they appear worthy of publication.

Admitting the fact, now generally conceded by Army Surgeons, that secondary amputation of the thigh is, except under peculiarly favorable circumstances, *almost* invariably fatal, it becomes a matter for serious consideration, whether *treatment* in many of the cases usually consigned to the knife, does not offer some probability of success? And if so, what are these cases, and what mode of treatment is most to be relied on?

The five following cases, though presenting some differences among themselves, still agree in essential features, and would seem to indicate the amount of injury which can be sustained, with reasonable expectations of a favorable issue of the attempt to save both life and limb. In all, the fractures were *uncomplicated*, there was no injury of important vessels or nerves. This is of the first importance. Secondly, there was comparatively slight comminution in three of the cases, in two *no* comminution could be diagnosed; and the cases which approached the nearest to "simple compound" fractures, if the expression be allowable, recovered the soonest, notwithstanding the lodgement of the missile where it could not be found. In two of these cases it was ascertained positively that the missile was a round ball, and not a minie, and in the other three this was supposed to be also the case. With the foregoing amount of injury to the parts, the cases here presented seem to show that reasonable hopes of a favorable issue may be expected, if the patient have an ordinary degree of constitutional vigor.

Regarding the mode of treatment, Dr. McCall is decidely in favor of the use of Smith's anterior splint. For use in military hospitals it combines advantages that perhaps can be attained by no other. It is inexpensive, light, easily portable, and can readily be adjusted under all circumstances. It is also exceedingly comfortable to the patient, during the long time that he must be confined to bed. Laying on a water bed, if one is procurable, with the injured limb easily swung from the ceiling or from a frame, he is placed under as favorable circumstances as possible. This splint also admits of ready inspection and dressing of the wound, wherever it may be situated, by fenestration of the bandages over the affected part; and if other support than that of the bandages is deemed advisable, it may easily be applied in the form of tin or stiff pasteboard, so moulded as to fit the posterior aspect of the limb. Any amount of extension which is allowable in these compound fractures can readily be applied. Dr. McCall is of opinion, however, that extension should be very cautiously made use of. The object is rather to save life and limb with *any* amount of shortening, than to produce a perfect leg, and the extension necessary to prevent any deformity might produce serious or even fatal irritation at the seat of fracture. In case the fracture is oblique, Dr. McCall thinks that the fragments should be allowed to overlap each other a very little, the greater amount of surface for the deposition of callus more than compensating for the additional deformity. The cases seem to confirm the correctness of these views.

Case I.—B. H. B., Co. I, 2nd Vt. Vols., wounded at Fredericksburg, December 13th, admitted December 18th, splint applied December 20th. Ball entered outer aspect of left thigh passed directly inward and a little upward, producing fracture at juncture of upper and middle thirds of femur. Ball lodged among the adductor muscles, and has not yet been discovered; whether round or minie not known.

Throughout, every symptom favorable, appetite good, bowels regular, spirits cheerful. Pulse ranging from 80 to 95, being usually somewhat accelerated toward evening, when slight touches of irritative fever would be apparent. Wound discharging perfectly healthy pus from the beginning; no abscesses or burrowing of pus in any direction; lodged ball created no irritation; diet full, generous, with whisky or porter; no medicine except a Dover's powder occasionally at night.

On the forty-ninth day from receipt of wound, the opening was completely closed; union was perfect, the patient walking about the hospital; shortening barely three-fourths of an inch; no other deformity.

Case II.—J. S. S., Co. K., 132d Pa., Vols., wounded December 13th, admitted December 20th, splint applied December 30th. Ball, probably a round one, entered right thigh just posterior to trochanter major, passed downward, forward,

inward, fracturing the bone at about junction of upper and middle thirds. The ball split on the bone; about a third of it passed down the thigh on its outer aspect to below the middle, where it was extracted, the larger portion remaining impacted; comminution slight, if any.

Symptoms all pretty favorable from the beginning; appetite good, bowels regular, pulse rather high, averaging about 100, with a slight degree of irritative fever. Discharge healthy, of normal quantity; no burrowing of matter, nor metastatic abscesses anywhere. A very slight degree of erysipelatous inflammation appeared around the wound two or three times, but it quickly subsided. Not the least pain felt at any time.

Treatment: Full diet, whisky punch, with iron and quinine. Tr. ferri chloridi exhibited while there were any appearances of erysipelas about the wound.

At present, March 8th, union is complete, and the splint is discontinued. The wound still discharges slightly. Shortening about one and three-quarter inches.

Case III.—H. H., Co. A., 8th Ohio, wounded at Fredericksburg December 13th, admitted December 20th, splint applied December 22d. Ball entered left thigh directly in front, about five inches above the joint; passed inward, upward, backward, emerging just below and internally to insertion of gluteus maximus, fracturing and comminuting the femur at very nearly its middle.

This was a more serious injury than the two preceding. There was comminution of the bone, several pieces presenting and being removed. Pus burrowed some distance up beneath the rectus muscle. Discharge at first somewhat dark colored, ichorous and offensive; soon however, becoming more healthy; appetite rather poor, with considerable diarrhœa. Pulse averaging rather over a hundred; considerable hectic, alternating with chills; countenance anxious and pale; spirits depressed; general state of things evidently tending towards pyæmia.

Treatment vigorously tonic and stimulant, generous diet, with whisky or porter, and iron and quinine in wine; also Tr. ferri chlor. freely. Under this regimen all the symptoms became more favorable; while the fracture continued steadily uniting. At present, March 8th, the wound still discharges considerably, and it has not been deemed advisable to remove the splint; but the favorable termination of the case is quite certain. The shortening is only about one and three-quarter inches.

Case IV.—P. C., Co. C. 11th Mass. Vols.; wounded at Bull Run, June 25th, admitted June 29th, splint applied July 12th. Injury, a round ounce ball entered outer anterior aspect of thigh five and half inches below anterior superior spinous process of the illium, passed inward, upward, backward, and presented about an inch below the anus, where it was cut out. It produced a nearly direct, more or less, comminuted fracture of lower part of upper third of femur.

The leg was exceedingly painful throughout. It was necessary to etherize the patient to apply the splint; and the least pressure of one part of the bandage more than another produced great pain. The discharge was very profuse, but always perfectly healthy.

July 20th, well padded pasteboard splints were applied to the posterior aspect of the thigh, and seemed to be more comfortable than the simple bandages. The foramen of exit, where the ball was cut out, closed in two weeks; the foramen of entrance did not close until the last week in November, but the discharge for a month or more was very slight, perhaps ʒiv. per diem. No burrowing of pus, or abscesses.

Constitutional symptoms manifested themselves chiefly in great irritability of mind, depression of spirits, and restlessness. No hectic of any consequence. Patient had five or six quite severe attacks of gravel, which induced irritability, dejection, loss of appetite, vomiting, etc., and greatly retarded his recovery. The most constant care and watching were necessary.

Treatment throughout, full diet, with iron and quinine, varied with gentian and other vegetable tonics. Porter, or spirits continually. September 20th, medicines discontinued; same diet kept up.

Anterior splint taken off September 25th, just three months after wound. The knee joint was somewhat stiffened; and for ten days patient lay in bed with the posterior pasteboard splint continued while passive motion entirely prevented anchylosis of the knee. Able to go about October 10th. Shortening of limb two and a quarter inches. Upper fragment forms a slight prominence forward and outward. Bony union perfect.

Case V.—G. J. W., Co. D., 20th Indiana Vols., wounded at Bull Run, June 25th, 1862; lay twenty-four hours on the field. Admitted June 29th; anterior splint applied July 12th; posterior pasteboard splint applied July 17th, changed for an accurately fitting tin splint July 27th.

Injury.—Ball entered two inches below tuber ischii, passed forward, outward, and little downward, emerging six inches below the anterior superior spinous process of illium, in a line drawn from that spine to the outer edge of patella. It caused compound, considerably comminuted fracture of lower part of upper third of femur. It was a very oblique fracture, the extremity of the upper fragment at least three inches below the foramen of exit.

In this case both the constitutional and local symptoms were more severe than in any of the others, and altogether the case was a critical one. The discharge was profuse, and generally rather sanious than laudable. Four abscesses formed and broke. The first, August 1st, near the foramen of entrance; the second, August 15th, over the trochanter major; the third, October 20th, on the outer aspect of lower third of thigh; the fourth, November 4th, just below Poupart's ligament, between the sartorius and adductors. The forming of each of these abscesses was accompanied with great pain and swelling and tenderness of the parts; and induced serious constitutional disturbance, chills alternating with pyrexiæ, etc. The discharge was thin and sanious. Discharge from the original foramina was very sensibly diminished about the middle of October. The foramen of entrance closed about November 1st; that of exit about three weeks later, after having crept about three inches above its original situation. The tumefaction of the whole leg was all along considerable, and it was also very painful; stiffening of the knee much as in case IV.

Treatment vigorously tonic and stimulant, much as in case IV. For profuse night sweats which occurred during the whole month of August, Ac. sulph. arom., gtt. xv. Appetite pretty good all along, and bowels regular.

Anterior splints dispensed with September 25th. Bony union was evident by the middle of that month. For two weeks more patient confined to bed in an easy position, the leg well supported on pillows; and passive motion of the somewhat stiffened knee joint employed.

Shortening of leg two and a quarter inches Some deformity of thigh, from projection of upper fragment of bone. This case presents a good illustration of the troublesome, unhealthy abscesses that are likely to occur, the perfect exemption from which of the four other cases being somewhat remarkable.

A CASE OF PLACENTA PRÆVIA.

By John C. Hupp, M. D.,

Of Wheeling, Va.

On Saturday, March 7th, 1863, I was called at six o'clock, P. M., to see Mrs. V———, in the latter period of her seventh pregnancy. She lacked fifteen days to the completion of her term.

About one o'clock, P. M., while in the act of vomiting, she was attacked with pain in the back, which gradually disappeared on assuming the recumbent position.

Near the hour of four o'clock, P. M., she was seized with profuse and alarming discharge of blood from the vagina.

I found my patient with a weak, small, slow pulse and excited mind; her countenance pale and evincing anxiety, accompanied with restlessness. The blood was still flowing, and she had lost between one and two quarts, which quantity was verified by the number of saturated cloths and the amount of coagula. The pillows were promptly removed; entreaties made as to quietude, and exhortations given in the hope of allaying fears and inspiring confidence, when at length the rate of the flow was greatly diminished.

The only pain as yet was merely an uneasy sensation in the back. Upon making an examination per vaginam, I found that dilatation had commenced, the lips of the os uteri were ductile, and the orifice of the womb was about one inch and a half in diameter. The fœtal cranium could first be felt, but had not yet entered the superior strait.

During the examination a soft mass was encountered opposite the left acetabulum, which proved to be a coagulum of blood of considerable firmness.

I inadvertently removed this coagulum, which served as a barrier to the hæmorrhage, and the result was a fresh discharge of blood; but the membranes at that moment becoming tense, measurably stanched the flow, relieving me temporarily from my embarrassment. Distinctly feeling the irregular and comparatively firm surface of the after-birth, overwhelmed me with the conviction that I had a case of placenta prævia.

The fears I had entertained as to the true character of the case were now realized. The broken utero-placental vessels were giving free outlet to the life's blood of both mother and child. The pains being few and slight, and the hæmorrhage considerable, what was to be done in this untoward condition of affairs?

To avoid the impending peril, *prompt delivery* seemed to be the only alternative.

In this crisis of anxiety and danger, as the os uteri was dilatable, ought I to proceed at once to deliver by version?

Before entering upon so summary a process, I resolved on rupturing the membranes and giving egress to the liquor amnii, hoping thereby to induce the womb to condense itself and become invigorated with a proper degree of energy, whereby I might reasonably expect the prompt engagement of the head.

Learning that Mrs. V———'s previous labors had always been rapid after the flowing off of the water, confirmed me in the execution of my purpose.

Having ruptured the membranes, my expectations were not disappointed.

Cotemporaneously with the flow of waters was a powerful uterine contraction, evincing unmistaka-

bly the inauguration of the parturient process. This was followed with another and another pain in rapid succession. For the moment I was anxious as to the fate of the child, fearing the placenta might be forced along in advance of the now rapidly engaging head.

Fortunately I was not doomed to experience so untoward an event.

With the extrusion of a few large coagula, the head was *compelled* to pass speedily into the excavation, and serve as a very complete and satisfactory compress to the open mouths of the ruptured utero-placental vessels. I now had it in my power to administer to my patient the consoling language of the hope of a speedy and safe termination of her parturition.

The child was born at half past seven o'clock, P. M., terminating the labor favorably to both mother and child.

Remarks.--In the management of this case, I was solemnly impressed with the necessity of *prompt action.*

This woman's general condition and conduct, her pulse, her countenance, the presence of hæmorrhage and the absence of pains, forced upon my mind the conviction that I should, *without delay*, interfere.

The plan adopted seemed to have been instrumental in bringing about a favorable result.

Delay would have certainly caused this woman her life.

I, however, was not unmindful of the fact that if the first expedient failed, the operation of turning would be much more difficult *after* the waters were evacuated. When positive as to the true character of this case, my anxiety as to its result, was intensified by the vivid recollections, that possessed my mind, of two other cases, in each of which the placenta was *similarly located* on the cervis, occurring in the practice of neighboring physicians, one of which had been quite recently under my observation.

Called upon in those cases as an additional medical adviser, in each case, at the time I saw it, the last pint of blood was being exhausted!

I delivered those women by the process of version, and after delivery both sank and died from the effects of the exhaustive drain that had in each been protracted for many hours.

Hence, I conclude, that in the management of every case of placenta prævia, *early* and *prompt* action should characterize the conduct of the accoucheur. And it is this fact that I have desired to record.

Those women had both gone to the completion of their respective terms, and the child of one of them was born alive and did well. In seven hundred and twenty-nine labors which have been under my care, three cases of placenta prævia have occurred, equal to one case in two hundred and forty-three labors.

A CASE OF BULLET WOUND THROUGH THE LUNG AND HEART.

By A. G. Walter, M. D.

Of Pittsburg, Pa.

Gunshot wounds of the heart, the missile lodging in its walls or penetrating its cavities, have been known to exceptionally recover, while those passing entirely through its substance are almost immediately fatal. The narration of the subjoined case, considering the absence of symptoms indicative of grave injury of the heart, and the length of time—56 hours—from the infliction of the wound to its fatal termination, will not be without interest.

O. F., of this city, aged nineteen years, of good health, though tender constitution, was accidentally shot in the year 1856, in the left side of the abdomen by a slug, which entering four inches below and to the outside of the left nipple, about one inch below the level of and five inches outward from the processus ensiformis, and passing in an oblique and backward direction through the lower ribs toward the spine, had not been extracted. His recovery was painful, slow, yet perfect, after some months' confinement.

On December 10th, 1862, he was again wounded by accident in the left side of the chest by a small minie ball fired from a revolving pistol. The ball entered one inch to the outside, and one inch above the left nipple and four and a half inches from the median line of the sternum through the body of the fourth rib in an oblique direction from above, downward and backward into the interior of the thorax. The wound having been received near my office, the patient hastened to it, supported under the arms by some friends, yet staggering and unable to stand without assistance. His face was pale, the skin cool, his breathing natural and the pulse feeble and frequent. Threatened syncope was prevented by placing him in the recumbent posture. There was found a small ragged wound, barely admiting a common sized catheter, in the left chest, a few drops of blood only having escaped from it. Percussion and auscultation in front of the thorax revealed normal respiration, but posteriorly in the left side there was dulness and entire absence of respiratory murmur.

Having been removed to his home in the neighborhood, he soon complained of chilliness and pain about the wound, which was increased by deep inspiration and coughing. His respiration too became laborious, accelerated and more painful, the alæ

nasi widely separating at each respiratory act. His pulse was still small and frequent, its frequency to that of respiration being three to one, the action of the heart normal. Effusion of blood into the left pleura being present, and increasing, as indicated by the anæmic features, chillness of surface, feeble pulse and laborious breathing with pain in the region of the wound and lower ribs, it was considered desirable, in order to arrest the increasing internal bleeding, to maintain a low state of the circulation by the avoidance of all internal stimulation, which the prostrated condition of the patient otherwise would have demanded. But relief to the oppressed breathing from the accumulated extravasated blood being imperative, a free valvular incision of about one inch was made into the wound through dermis intercostal muscles and pleura at the upper edge of the fractured rib for its discharge, the body of the patient being inclined toward the injured side. The wound was then left open, yet protected by water dressings. Venous blood and air soon began to flow from the wound with decided relief to the embarrassed respiration. Liq. ammon. acet. with acet. morph. were freely given as tranquilizers. Ice in bladders was laid upon the left thorax, its front and side, revulsive sinapisms and artificial warmth to the extremities were assiduously applied, and the strictest quietude of mind and body of the patient insisted upon. There was no sleep during the night, notwithstanding the liberal use of the morphia; vomiting set in several times, during which dark fluid blood was seen to issue from the wound in considerable quantity.

Next morning the patient's pulse was somewhat fuller, yet frequent, reaction appearing to arise; he felt more comfortable, yet complained of great pain in front of left side of chest, respiration being still laborious with heaving of the nostrils, thirst, great and frequent eructation of wind. Hearts' action normal in rhythm and force. There was no restlessness, no anguish, no irregular and intermitting pulse, no cold sweats and cold limbs. Convinced that the maintenance of the vita minima in penetrating wounds of the thorax offers the best chance of recovery, and as reaction appeared to approach, blood was taken from the left arm to the extent of three pints, with great relief of pain and with improvement of respiration. External and internal antiphlogistics were continued with the application of leeches around the wound, the position upon the injured side not having been changed. He began to doze a good deal, vomited once, but had no cough, pulse remained frequent yet not weak; respiration short with moving of nostrils, no more bleeding from the wound, pain in front of left chest moderate, respiratory murmur still clear over the front of the injured part of the thorax, thirst less urgent. On the morning of the 12th, the patient admitted of having slept a good deal better during the night, and of feeling refreshed. Respiration easier, not as laborious, less short and quick, the alæ nasi not being as much distended; pulse 120 in a minute and weak; face pale and features sharpened. Vomited several times and coughed up some dark colored retained blood; venous blood, too, flowing from the wound in small quanties. He is more thirsty again, though tongue moist, complains less of pain in the chest, but numbness of both arms and hands. External antiphlogistics were continued; internally carb. ammon. with anodynes were prescribed, with, however, faint hopes of ultimate success. Toward evening he became delirious and restless, and vomited frequently, pulse began to sink and fail at the wrist, face bathed in perspiration, hands cold, respiration quick and short with moaning, abdomen slightly tympanitic, yet heart and carotid still acting. Coma soon set in, and death took place fifty-six hours from the receipt of the injury.

Result of the post-mortem examination nine hours after death:—Rigor mortis and coldness of limbs; chest yet warm. On opening the thorax, the diaphragm was seen forced up into its cavity by the inflated intestines. The wound of the exterior of the left side of the chest was found continued into the left pleura through the body of the fourth rib, which had been shattered in its centre by the bullet, some small bony splinters being deposited upon the front of the left lung. The left pleura was filled with a great quantity of fluid dark-colored blood occupying its posterior part, and amounting to nearly two quarts, the lungs being pushed forward and inward toward the mediastinum. On the removal of the extravasated blood, the lower lobe of the left lung about one and a half inches from its lower border was found pierced by the ball, which thence had entered the pericardium. In this, too, a great quantity of liquid effused blood was collected, distending it to its utmost. The ball then had passed into the left ventricle through its anterior wall near the base and out of it posteriorly by an opening about one inch below its entrance. Thence it had perforated the posterior face of the pericardium and entering the left pleural sac again found its resting place upon the front of the seventh dorsal vertebra, burying itself behind the pleura in the space between the two pleural sacs, which meet in front of the vertebræ. The left lung was found congested and greatly atrophied, adhering in front and at the side to the pleura costalis by strong adhesions for a considerable space, the result of inflammatory action following the traumatic injury which he had received some years ago. There was some

bloody serum in the right pleura, the right lung being, however, healthy. Thus it will be seen that the ball in its destructive passage had, after entering the left side of the thorax, taken an oblique direction from above, forward, and outward, slightly down, inward and backward toward the median line of the body.

Reviewing the history of the case, the signs of the thoracic lesion, which were not in proportion to the extent of the injury, and the result of the post-mortem examination, it will be admitted, that the protraction of life of the unfortunate youth under these circumstances was unique and remarkable, the records of surgery not having offered a similar case to the present. As symptoms of injury of the heart had not been observed and even those of a wound of the lung were not well marked, pleuritic bloody effusion alone being the prominent feature, the case at first did not appear hopeless, till delirium set in, sinking of the pulse at the wrist took place and coma supervened.

Death having thus been stayed for fifty-six hours, where injuries usually, inevitably and almost immediately fatal were found to exist, it may not be presumptuous to claim that the treatment instituted for the preservation of life had to some extent at least, been the means of delaying the fatal issue. The left ventricle of the heart having been wounded by a double opening, it could not fail, that blood was forced by every pulsation into the pericardium and from thence into the left pleura. Accumulating here and filling both cavities, those of the pleura and pericardium to their utmost, it soon would have annihilated by mechanical pressure the action of the heart if free vent had not been given by enlarging the wound in the chest for the blood to escape, thus preventing paralysis of the heart and with it speedy death. The smallness, too, of the wounds in the heart, allowing but a small stream of blood to effuse into the cavities, prevented that sudden termination, which, under similar circumstances with a large heart wound would have followed. Venesection next, which was practised with the view of maintaining the vis vitæ minima for the purpose of facilitating the closure of the wound by plasma, must be considered as having assisted in procrastinating the fatal result.

Though death in this case was not owing, as usual, to *mechanical pressure* and *paralysis* of the heart from the accumulated blood in pleura and pericardium (the heart's action and that of the carotids having been observed to continue almost to the last after failure of the pulse at the wrist), but to *inanition*, the result of a double wound of the heart, through which blood was pumped out with every beat into the cavity of the chest, thus draining the system of the main stimulus of its existence. Still, the treatment by freely enlarging the original wound, in order to relieve the agonizing oppression and to avert the compression and with it paralysis of the heart, and by venesection and antiphlogistics to assist nature in closing the wound by plastic deposit must remain the only judicious and tenable one left with the surgeon in injuries of such magnitude and danger. If allowing the blood to accumulate in the pericardium and the pleura without giving exit to it outwardly, is known to be followed by speedy and almost instantaneous death in gunshot wounds of the heart penetrating its substance, the issue of the present case will afford ample evidence of the soundness of the practice, by which distress and agony, the inevitable consequences of such grave injuries, may be prevented, and life at least protracted—a duty not only pleasing and gratifying to the guardian of health and life, but also as imperative on him as that of healing and restoring.

Hospital Reports.

Philadelphia Hospital,
January 31*st*, 1863.

Clinical Service of Dr. Da Costa.

Reported by *Dr. H. C. Wood*, Resident Physician.

Irritability of Stomach.

1. The first case presented, was J. H., age 32, native of Ireland. She had been drinking very hard for three weeks. Had been under treatment for three days. Her tongue was considerably coated. She had, when she first came in, slight fever. Was troubled with incessant vomiting. There was some tenderness in the epigastrium. She had been treated with Acid. hydrocyan. one drop every other hour, and Hydrarg. chl. mit. gr. one eighth every three hours with lime-water and milk, and small pieces of ice. Her diet was light and nutritious. It was remarked, that the conclusion which had been arrived at in this case was, that the mucous coat was slightly inflamed, and that the vomiting was not from mere irritability. In the latter condition the tongue is not at all coated, and no fever nor epigastric tenderness are present. In gastritis, however severe, the fever seldom rises very high. As to the treatment, the ice satisfies thirst and the cold acts directly as a sedative. As a remedy for emesis dependent on inflammation hydrocyanic acid is very serviceable. In such cases the mineral acids are too irritant. They are alone admissible when the coats are not diseased.

2. The second case was A. H. Been in the house six months, was treated for dropsy sometime since and cured. He has not been under treatment for a long time, but acting as an assistant nurse. A day or two since he commenced to vomit and is now greatly troubled with it. At the examination before the class it was remarked—There is no febrile disturbance or tenderness in the epigastrium. The liver is not enlarged. There is some very slight ascites. The lungs are normal excepting some slight bronchitis. The heart is free from disease. The absence

of fever, tenderness and foul tongue indicate that there is here merely gastric irritability. The slight dropsy present is not local, it is universal. When dropsy is so general the inference is, that it is owing either to change in the blood or to disease of kidneys. The stomach symptoms here will best be relieved by slight purgation and mineral acids. This man will be ordered four drops of aromatic sulphuric acid in a drachm of brandy every hour. This should be given iced. Counter irritation must be kept up over the stomach.

Partial Paralysis from Softening of the Brain.

The next case was G. H., age 24. Been in the house for several months. He was treated some time since and cured of rheumatism. Since then he has been pretty well occupying the post of assistant nurse in the wards. He has, however, been subject to attacks of trembling or rather shaking in his right leg so severe as to prevent him from walking, and indeed, sometimes from standing. These occurred more especially when he was excited by anything. They were on the increase until Monday last. Tuesday morning when he awoke he found that he had almost entirely lost the power over his right arm and leg. You will notice here, that this man apparently in good health, woke up one morning and found that he was partially paralysed. He was not stricken down suddenly whilst conscious, but the misfortune happened at some unknown period whilst sleeping. He has still some little power in the muscles of his arm, although the function of voluntary motion is almost entirely lost. He can still walk with aid, but his leg drags very much and the effort causes it to shake greatly. Sensation is not impaired either in the upper or lower extremity. Now, what is the cause of this partial paralysis? In the first place the heart, liver and kidneys must be interrogated, to see if they can answer this. His heart is not organically diseased. The absence of dropsy makes it probable that the kidneys are not at fault. The examination of the urine proves this. There is no enlargement of the liver and no icterode conjunctiva.

The symptoms then, must be purely nervous and arise in the nervous system. Examine his history. He has had for a long time obscure pains in his limbs with loss of power over the muscles—signs of defective innervation and pointing to some gradual change slowly progressing in the cerebro spinal axis. He further states that his memory has become impaired within a few months. This, with the existence of para- and not hemiplegia, shows that the brain is the seat of the disorder. The partial paralysis is then merely the first very decided symptom of a chronic alteration that has been long going on. What is the probable nature of this change? It is white softening. The immediate cause of the paralysis, the giving way of the nerve fibres. At what part of the brain has this happened? Physiology teaches us that the corpora striata is the cerebral ganglion that influences voluntary motion; therefore, as there is here no loss of sensibility, in that ganglion or its neighborhood must be the seat of the accident. But the question may arise why is this not a case of the giving way of a cerebral blood vessel, and the consequent formation of a clot? Because the paralysis is too incomplete. If this had happened he would not have any power over his muscles at all, besides the non-suddenness of the attack and the previous history negative this. Further, it may be asked, is not this paralysis merely functional? No! Functional loss of power coexists on both sides of the body. The treatment in this case will be as follows: Keep the patient perfectly quiet. Apply counter-irritation to the back of the neck. See that his bowels are freely opened once or twice daily. And administer cod liver oil and tonics.

Complete Paralysis from Effusion on the Brain.

The next case was B. W., native of Ireland, age 46 years. He entered the medical wards yesterday. A week ago whilst engaged in breaking stones he suddenly fell down unconscious. Since then he has been completely paralyzed on one side. Before entering this house some one gave him mercury freely and he is now badly ptyalized.

It was remarked that his gums are red and spongy and his breath loaded with the peculiar fetor pathognomonic of salivation. There is here complete paralysis on the right side. The power of speech is impaired. The mouth is drawn to one side. The arm and leg lie entirely from under the man's control. Sensibility is, also, very much impaired. Everything shows how complete is the paralysis. The history informs us that this wreck was the work of a moment. Here then is a case dependent, as was the last, on a brain lesion. The cause, is rupture of a blood vessel and the effusion of blood? Why is this diagnosticated? Because of first, the absence of previous nervous symptoms and the great suddenness of the attack. Secondly from the completeness of the paralysis. It must be owing to either a clot or very extensive softening. If the latter was the cause the man would not have been able to pursue his avocation up to the time of the paralytic stroke. His muscles are rigid, and strongly contracted, the flexors bending the fingers on the palm. This shows that there is still considerable irritation of the brain. This rigidity in recent paralysis has often to be attended to, lest it should become permanent. Mercury was freely given before he entered the hospital. That was right enough, but it should hardly have been pushed so far. Immediately after he was first stricken down the lancet was probably indicated. But to bleed him now, would be very bad practice. To remove or alleviate the irritation of the brain he shall be freely purged with the following pills:—

R. Extr. colocynth. comp.	gr. iv.	
Podophylin,	gr. ss.	
Gamboge,	gr. ij.	M.
Et ft. mass. in pil. ij.	div.	

Sig. Take both at bed time.

Blisters to the back of the neck are the classical remedy in almost all brain troubles. He shall have them.

The rigidity of the muscles must be counteracted by forcible extension by the nurse.

Medical Secrecy.

The Medical Societies of Paris are at present exercised in regard to the question, whether a physician when consulted with regard to the health of a patient in reference to marriage, should refuse to give any information? The societies of the eighth and ninth arrondissements have decided as to the obligation of secrecy; while the society of the seventh arrondissement has declared, that while in general, the above rule is correct, there are also circumstances in which the dictates of conscience are above the law. This last seems to us to be a dangerous decision, and one which might lead to great abuses.

Knowledge gained by a physician in his professional capacity should be deemed sacred, and not to be divulged under any circumstances. It is very questionable whether it be safe to make any exceptions to this rule, and if any be made, they must be extremely rare.—*Med. News and Lib.*

Medical Journals Discontinued.

The *British American Medical Journal*, published at Montreal, and the *American Medical Monthly*, published in New York, two of our best exchanges, wound up their issues with the close of the year 1862.

Editorial Department.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MAY 2, 1863.

THE TENTH VOLUME.

With this issue we begin the Tenth Volume of the Medical and Surgical Reporter. It will be observed that we have omitted the month of April entirely, and begin the volume with May. This course was necessitated, to enable us to carry out new plans, which we had to adopt in consequence of the greatly increased cost of publication. Instead of increasing our subscription price as the newspapers have done, we have diminished the number of pages somewhat—but by the use of new type, and by increasing the size of the page, we have added about one-sixth the amount of reading matter to an equivalent number of pages published. We are thus enabled to reduce the quantity of paper required, while we give very little less reading matter than formerly. We propose to run this volume through the year and have the volumes begin after 1864, with January and July.

There will be no confusion in accounts with subscribers, as the numbers will run on regularly, and each paid subscriber is credited by the whole numbers, and not by date or volume.

We also resume the weekly issues, which were suspended last November, in consequence of the greatly increased cost of paper. This difficulty is not yet removed, by any means, as paper continues to be sold at about double the rates of a year ago. Still, the tendency is to a reduction of price, and we resume the weekly issues.—1st. In the belief that there will soon be a material diminution in the cost of paper, and 2d. In the hope that subscribers by the prompt renewal of subscriptions will enable us to continue to issue the Reporter weekly, even if the price of paper should remain stationary. We have subscribers enough to enable us to do this, even without the addition of new ones. Promptitude, therefore, in remitting subscription money, and a little effort to extend the circulation of the Reporter will react favorably on the enterprise, and be to the advantage of subscribers, and the profession.

Let it not be forgotten that newspapers have added from twenty-five to fifty per cent. to their subscription price, while our price continues the same as when paper was but half its present cost—in other words, a difference to us of more than $3,000 a year!

We need promptitude and cooperation on the part of subscribers. Hitherto, there has been little to complain of on this score, and we feel confident that there will not be in the future.

THE REPORTER

For Country Physicians.

It has always been our aim to make the Reporter a practical journal to the profession, with a special eye to the wants of the *country practitioner*. For this reason we have preferred to detail the experience of the country physician rather than give lengthened theoretic essays, which are often written by men of no practical experience whatever. *Clinical experience* whether by the country or the city practitioner, we always welcome to our columns, where it is read with avidity, and profited by, by thousands who read our pages.

An intelligent correspondent, himself an author, and well acquainted with the periodical literature of this and other countries, writes—"Perhaps there is not a medical journal published in the world, that is more valuable to the country physician than yours. The reason for this, is to be found in the fact that the majority of the articles published in it are written by those who are engaged in a country practice, and they see diseases under a different phase from those who practice in large cities, and the treatment that may be useful in town, may be entirely abortive in the country."

There is some truth in the latter remark, for the country practitioner undoubtedly sees disease in much simpler forms than are generally seen in cities. The various influences that are exerted on disease in cities, tend to give an asthenic form to most maladies, which must be taken into account in the treatment. Hence, the heroic practice of the country practitioner sometimes surprises the city physician.

It is our endeavor also to serve the country physician, by filling his orders for surgical instruments, drugs, books, etc., etc., without cost to him. In most cities this is a separate business,

and commissions are charged by the party who attends to it.

The same is true in regard to vaccine matter. Within the past few months we have accommodated hundreds of physicians with a supply of this indispensable material without cost, except for postage, and a return supply to enable us to furnish others. It has been the custom to charge physicians one dollar for a supply. Let it be understood that we *serve the profession.*

PHILADELPHIA IN 1862.

The Mayor's Message to Councils contains the following items of interest to the profession in regard to the condition of Philadelphia in 1862.

The city contains upward of 94,000 dwelling houses. The population, according to the census of 1860, was 568,034. This gives a population of only 6.02 to a dwelling house. We doubt whether there is another city in the world that can show so favorable a result in respect to the diffusion of population. There are very few "tenant houses" to be found in Philadelphia, such as are common in most large cities, where scores of families are sometimes crowded together, and filth, vermin, disease, and thriftlessness abound.

The Mayor calls attention to the importance of seeking a supply of water for the use of the inhabitants of this city from some other source than the present supply—the Schuylkill. The increase of sources of impurity that find their way into that stream makes it important that some means be adopted to furnish a supply of purer water.

We have just received the report of the Health officer, and extract from it the following:

Excluding the deaths in the military hospitals the mortality of the city was one in forty-three or 2.32 per cent. The absence of over fifty thousand volunteers from the city, of course, has a tendency to somewhat reduce the per centage of mortality.

The births during the year were 14,741, being 2,530 less that the preceding year. This difference is, of course, attributable to the existing state of war, and the consequent absence of so large a proportion of the male population.

The marriages were 4,662, being 245 more than during the preceding year. This under the circumstances, would indicate a very fair degree of prosperity, more, perhaps, than was to be looked for.

The number of vaccinations reported by the city vaccine physicians was 4,026. The provisional municipal hospital for small-pox patients was closed in September. During the eight months it was open, 137 cases of that disease were admitted. The necessity of erecting a municipal hospital for contagious diseases is strongly urged upon the attention of Councils. It is very singular that so large a city as Philadelphia should be destitute of any place of refuge for those who are ill with contagious disorders. The matter, however, is now receiving the attention of the authorities, and it is to be hoped that a place will be provided before any evil results to the city for the want of such a hospital.

PHILADELPHIA SCHOOL OF ANATOMY.

A Change.

The Philadelphia School of Anatomy, almost as extensively known as the Medical Colleges of Philadelphia, we notice by a recent announcement, has passed into the management of Dr. James E. Garretson, a gentleman of much promise, who for some time has been attached to the School as demonstrator, and who will bring to this specialty an energy, intelligence, and practical ability, which must command success.

The classes drawn to this School to hear the anatomical lectures of Dr. Agnew were extraordinary, numbering at one time 255, certainly the largest private class ever assembled in this country or abroad. The secret of Dr. Agnew's remarkable success, consisted in his aptness to teach, and in his popular bearing toward his pupils. His attainments are of the first order, and pupils can see when he is lecturing that he is perfectly familiar with his subject, and knows what he is teaching. His clinical instruction at the hospitals has, for these reasons, always been very popular and instructive. Dr. Agnew is one of the best clinical teachers in Philadelphia.

Adjoining the Anatomical rooms is a building appropriated to teaching operative surgery; and to this department Dr. Agnew contemplates giving his exclusive attention. Those desirous of preparing themselves for the realities of the life of a sur-

geon, either on the battle-field, or in the humbler sphere of private practice, cannot do better than avail themselves of this opportunity to acquire a knowledge of the principles and practice of surgery from a master.

The course of lectures on Operative Surgery commenced the 6th of April, and will be made most valuable to all contemplating a knowledge of practical surgery.

Notes and Comments.

Sulphate of Morphia administered through the Ear.

Dr. W. H. Traver, of Providence, R. I., writes as follows:

Mrs. C., a lady of nervous and excitable temperament was awakened from a sound sleep by a severe neuralgic pain in her right ear.

After looking in vain for a vial containing tincture of opium, some of which she had used in her ear on a former occasion, she found a powder of sulphate of morphia, (one-fourth grain) which her husband in compliance with her request put in her ear.

The pain stopped and she soon became much surprised and not a little alarmed to find herself under the influence of the drug, which, however, passed off in due time without any inconvenience.

Compliments to Surgeons.

Complimentary gifts seem to be epidemic just now, and we notice that a due share of them are falling to the lot of our profession. The attending surgeons in our military hospitals frequently become the recipients in the shape of bibles, gold-headed canes, dress swords, sashes and belts, gloves and other articles, at the hands of the patients, ward-masters and others.

This is a custom that is liable to abuse and may become a burden to the contributors and their families, who generally need all their wages. We trust that our profession will not encourage such gifts, from any purely selfish motives. Their mission is one of love and good will to man, and if they do their duty, *that* should be their reward in this world and their "exceeding great reward" hereafter.

Resident Physicians at the Philadelphia Hospital. (Almshouse.)

The terms of service of Drs. Wood, Maury, Owens and Girvin, Senior Resident Physicians in the Philadelphia Hospital, having expired, an election was held by the Board of Guardians of the Poor on the 23rd ult., for four junior resident physicans. The election resulted in the choice of Drs. Richard G. Ludlow, J. A. Hagy, Edward Rhodes and Josiah Reeve. There were but eight candidates recommended by the medical board, from whom the above were elected. The four junior residents of the past six months, viz.: Drs. Shephard, Kœrper, Eversfield and Magoffin, are now the senior residents.

Life Insurance—The Advantage of Forethought and Prudence.

We do not know to what extent our readers avail themselves of the advantages offered by having their lives insured for the benefit of their families. A little forethought of this kind has left many a family independent, who otherwise would have been penniless. The following item which we clip from a daily paper furnishes a case in point:

We have just seen checks to the amount of $20,000 paid to the estate of the late Jas. C. Gillmore, of this city, being the insurance effected upon his life, through E. V. Machette, agent, $10,000 in each, the Manhattan, of New York, and the Mutual Benefit of Newark, N. J. This insurance was made only about four months ago, and for less than $350. Life Insurance, when paid thus promptly, is certainly a safe investment, and the money is paid at a time when it is most needed.

Physicians would do well to set forth the advantages of Life Insurance before their patients, as opportunity offers. They may, in this way be the means of securing independence to many a family. Nor should they neglect to provide for their own households in this way. We will take pleasure in putting any of our subscribers in communication with reliable Life Insurance offices or attending to the business for them.

Postage.

The new postage law, which goes into operation on the 1st of July, is favorable to our subscribers. By that law, the postage on the Reporter is but *twenty cents* a year, prepaid quarterly.

American Medical Association.

The next regular Annual Meeting of the American Medical Association will be held in the City of Chicago, Illinois, on the first Tuesday in June, 1863. Every permanently organized State, County, and Local Medical Society is entitled to send one Delegate for every ten members, and one additional Delegate for a fraction of more than half of that number. Medical Colleges, and Hospitals containing over 100 beds for the sick, are entitled to two Delegates; and all other permamently organized Medical Institutions are entitled to one Delegate each.

It is to be hoped that there will be a full attendance from all parts of the country.

Correspondence.

DOMESTIC.

TREATMENT OF DIPHTHERIA.

TRENTON, O., *March*, 1863.

EDITOR MED. & SURG. REPORTER:—Having treated three or four hundred cases of Diphtheria, I have come to the following conclusions: 1st. That it is a constitutional disease. 2d. That it is not contagious. 3d. That it is always of an asthenic character. 4th. That the attending fever is an effort of nature to throw off the poison. Taking the above views of the disease, I adopt the following treatment, with a degree of success which far exceeds that of any other treatment that I have tried or have seen tried by others, to wit: As soon as the deposition is formed, I apply, with a camel-hair pencil, a solution of nitrate of silver, of the strength of one drachm to the ounce, to it and the surrounding surface once in twenty-four hours. If the tonsils present a dark red appearance, I use a gargle composed of salt, capsicum and vinegar. (See U. S. D.) If of bright red, a solution of tannin, or the chlorate of potash is applied with a swab or used as a gargle if the patient is old enough, every three or four hours. So much for local treatment.

But the most important part of the treatment is to support the system and neutralize the poison. For the former, I use two grain doses of quinine with one grain of capsicum, every four hours, for a child four or five years old, until ten or twelve grains are given, when I diminish the dose to one-half, and continue with it until the throat gets well. At the time I diminish the dose of these, I commence with sesquichloride of iron in from six to eight drop doses three times a day, and continue for at least ten days after the throat is well. By pursuing this plan, I am not troubled with those sequelæ, so much to be dreaded; such as paralysis, chorea, &c. Neither do any of my patients die of exhaustion, when my directions are followed. In one instance, the parotid glands were so much swollen as to cause the death of a patient in three hours from the time that it commenced swelling. In cases with much external swelling, I apply a poultice made of poke root, with the effect of reducing the swelling in a few hours.

E. A. OPPELT, M. D.

COMPOUND FRACTURE AND DISLOCATION OF THE ASTRAGALUS.

HAREWOOD HOSPITAL, WASH'TON, D. C.
February 28th, 1863.

EDITOR MED. & SURG. REPORTER:—In the American Journal of Medical Sciences of January, 1862, I noticed a case of compound fracture and dislocation of the astragalus, reported by Dr. BRYANT, copied from GUY'S Hospital Reports.

Having had a somewhat similar case at this hospital, I desire to report it as an evidence that injuries of the joints of less magnitude than the knee-joint, do not necessarily demand amputation.

SAMUEL V., age nineteen, private in Co. D, 9th N. J. S. M., admitted Dec. 23d, wounded December 13th, 1862, by a rifle ball penetrating the left ankle-joint on its external surface, taking a backward direction and making its exit posteriorly to the joint.

When admitted, the foot and ankle were greatly swollen, and the discharge from the wound profuse.

On Dec. 27th, the patient was etherized for the purpose of exploration, and it was found that the ball in its course had caused a comminuted fracture of the external malleolus, and also of the corresponding articulating surface of the astragalus.

The articulating surfaces of the fibula and astragalus were removed by the surgeon in charge, Dr. THOS. ANTISELL, together with a dozen pieces from the posterior portion of the astragalus. The patient was then returned to my ward for further treatment.

The following was ordered:

℞. Tinct. ferri chlor., f℥j.
Sig. Fifteen drops every four hours.

℞. Ferri et quiniæ citras, 3j.
Sherry wine, f℥viij. M.
Sig. One teaspoonful every three hours.

Simple dressings were applied to the wound. In a few days the discharge from the wound became profuse, rendering it especially necessary to pay close attention to his diet, which consisted of beef-steaks, mutton-chops, etc., with a few extras dictated by his changing appetite.

Jan'y 10th, found the discharge from the wound free, and healthy granulations at the bottom. I made a counter-opening at the opposite side from the wound, evacuating a large amount of pus.

Jan'y 15th, found it necessary to make another counter-opening, in order to evacuate pus from the deep fasciæ. From this time his general health began to improve, his appetite becoming less changeable.

Jan'y 20th, I made the third and last counter-opening, freeing a greater quantity of pus than by the previous openings.

Continuing the generous diet with tonics and stimulants, I soon had the satisfaction of seeing a most decided improvement in the condition of the foot, as also in his general health.

At this date I find the wound healed, and the patient regaining the use of the foot, having a considerable degree of motion in the ankle-joint.

LLOYD DORSEY, M. D.
A. A. Surgeon, U. S. A.

How they Live in New York.

The New York Sun says, that there are in that city 12,347 tenement houses, containing a total population of 401,376 persons—an average of about 33½ to each house. Of this number—a good sized town of itself—22,095 live in cellars, some of them scarcely fit for brutes. The ventilation in about one-third of these houses is bad, and of course so far injurious to health. In case of fire, &c., 8546 houses, containing a population of 253,901 souls, are provided with good means of escape, while 3801 houses, with a population of 125,280, are deficient in this respect.

Army and Navy News.

Assignments of Medical Officers.

Assistant Surgeon V. B. Hubbard, U. S. A., of McClellan Hospital, at Nicetown, assigned to duty as Surgeon in charge of Convalescent Hospital, Sixteenth and Filbert streets.

Dr. Jas. Bryan, formerly of this City, and lately connected with the Department of North Carolina, has lately been assigned to the Department of Tennessee.

Changes of Medical Officers.

Surgeon W. S. Forbes, U. S. Vols., of Convalescent Hospital, Philadelphia, to report to the General commanding Department of the Tennessee.

Assistant Surgeon E. S. Dunster, U. S. A., of Turner's Lane, to report for duty in the Surgeon-General's office.

Assistant Surgeons J. S. Billings and E. D. W. Breneman, U. S. A., of West Philadelphia Hospital, to report to the Medical Director, Army of the Potomac.

Assistant Surgeon A. H. Smith, U. S. A., of West Philadelphia Hospital, to report to the General commanding Department of the Cumberland.

THE HEALTH OF THE ARMY.

Important Report of Surgeon Woodward to Surgeon-General Hammond.

Previous to the adjournment of Congress, Surgeon-General Hammond transmitted to that body the following elaborate and highly interesting document relating to the health and mortality of the Union army. The report is the production of Dr. J. J. Woodward, one of the most eminent surgeons in the service:

Surgeon-General's Office,
Washington, D. C., *Feb.* 25, 1863.

Brig.-Gen. W. A. Hammond, Sur. Gen. U. S. A.

General:—In reply to your communication of yesterday, I have the honor to inform you that the work of preparing the Medical History of the Rebellion is steadily progressing.

Besides the statistical reports, descriptions and plans of the General Hospitals of the country, with a large number of reports and memoirs on various subjects connected with the medical history of the several armies, have been collected, and are being digested.

I herewith transmit the statistical summary of the diseases and deaths (not including the killed in battle) of the armies of the United States for the fiscal year terminating June 30, 1862. The Medical History from the outbreak of the rebellion to the same date, will, it is believed, be completed in time to lay before Congress at the opening of its next session. The figures which I now present are far from representing completely the whole number of cases of disease, and all the deaths occurring during the year; the incompleteness arising partly from the fact that the regimental Surgeons were at first very negligent about making the reports required by regulations. Other elements of incompleteness, however, must exist in the case of every great army in time of war, especially during active campaigns covering great regions of country. So notably has this been the case heretofore, that no great army actively engaged in hostile operations has ever furnished statistical tables of even approximate accuracy.

The best and most complete tables of this sort ever published were probably those of the British army during the Crimean war. Yet, although the well-disciplined and organized body of regular troops sent to the Crimea was very small, compared with the vast forces which have been put into the field during the present struggle; and although its operations were not characterized by the frequent and rapid movements which have been necessitated by the great extent of the regions over which our own operations have extended, there will be found deficiencies even in these reports. The reports of the French army engaged in the same war are still more incomplete.

In our own country, during the Mexican war, the reports received at the Surgeon-General's office were so incomplete, and contained such numerous sources of error, that the attempt to compile the usual statistical reports of disease from the records of the Bureau was reluctantly abandoned.

The difficulties which interfere with the collection of medical statistics from armies actually engaged in warfare, and especially under circumstances such as those in which our armies are at present involved, can readily be appreciated.

Aside from the fact that many of the Surgeons first appointed were some time in mastering the details of their official duties, and frequently did not begin to keep the records and make the reports required by regulation until they had been some little time in service, many deficiencies have arisen from the capture of reports by the enemy, from the want of a due supply of books, blanks, and often even of paper, in the case of regiments making rapid movements with little transportation, and very frequently, especially after battles, and in the case of great general hospitals suddenly established, from the surgical force being so small in proportion to the gigantic tasks imposed upon it, that the time of medical officers was too fully occupied by the practical task of providing for the more necessary wants of the sick and wounded to allow them to keep the records needed to serve as a basis for the required reports.

Notwithstanding the deficiencies arising in this manner, it is believed that so far as they go the statistics compiled amidst so many difficulties, have very great value, and that the deductions drawn from the numerous reports recorded can with safety be regarded as approximating the results which would have been attained had returns been duly made by all the troops in the field. For as the report of each regiment and detachment is accompanied by a record of its "mean strength," the mean strength of that portion of the army represented by the reports is readily ascertained, and serves for the calculation of ratios which can be applied with probable accuracy to the whole force.

[To be continued.]

News and Miscellany.

Association of Medical Superintendents of American Institutions for the Insane.

The seventeenth annual meeting of the Association of Medical Superintendents of American Institutions for the Insane, will be held at the "Metropolitan Hotel," in the City of New York, on Tuesday, May 19th, 1863, at 10, A. M.

Pension Examining Surgeons.

The following appointments of Examining Surgeons have been made by the Commissioner of Pensions:

Michigan.—Dr. Jas. A. Brown, Detroit.
Illinois.—Dr. L. K. Parks, Annapolis.
Pennsylvania.—Drs. J. W. Bellows, Knoxville; Emanuel Manley, Linwood. *New Jersey.*—Dr. Chas. F. Clark, Woodbury.
Maine.—Dr. John N. Houghton, Phillips.

Answers to Correspondents.

DR. E. D. R., PENNSYLVANIA.—The price of the work on the "Successful Treatment of Scarlet Fever," by HOOD, is $2.50. It can be imported, if you desire a copy.

DR. C. A. S., PENNSYLVANIA.—There is a regular Army Board now in session; to appear before it you must possess a permit from the Secretary of War.

DR. A. W. E., MARYLAND.—We have mailed a copy of "Mott's Surgical Clinics" to your address, also the desired back numbers of the REPORTER.

DR. T. G. D., MASSACHUSETTS.—We believe that artificial arms are not furnished by government. We are not positive as to the reason, but we think the Surgeon-General was not satisfied with the specimens exhibited to him.

DR. C. F. H., KENTUCKY.—The new Dispensatory is not yet issued; the delay is unaccountable, it should have been out long since.

Communications Received, for the week ending April 1st, 1863.—(The asterisk indicates a cash enclosure):—*Connecticut;*—Drs. D Pritchard, L J Sanford: *Delaware;*—Dr. A Mauck*: *District of Columbia;*—Drs. A W Campbell,* S S Huber: *Illinois;*—Dr. G Irwin*: *Indiana;*—Drs. D H Henry, D Clark, C N Blount, W F King: *Iowa;*—Drs. P R Everett*, S E Rhinehart*, J Kerr: *Kentucky;*—Drs. C F Hart*, J G Hatchitt*: *Maine;*—Drs. C Briggs, S Bradbury*: *Massachusetts;*—Drs. W R Welden, P T Kendall*, S Cutter, J L Clark*: *Michigan;*—Drs. J Anderson*, C A Sackrider, J W Martin: *Missouri;*—Dr. J H Bridwell: *New Hampshire;*—Drs. E Perry, L P Sawyer: *New Jersey;*—Drs. W E Whitehead*, Stout, J B Burdett*: *New York;*—Drs. O O Burgess*, E B Phelps*, C Valentiny*, W F J Thiers, W A M Culbert, H A Balland*, Beetes & Gray*, E N Chapman; Messrs. W Wood & Co: *Ohio;*—Drs. M Mitchell, H C Coffman*, E A Oppelt*, A B Hershizer*, H N Coomer, H S Chaney*, T R Simpson*, J B Jacobs*, C P Smith, E Cass: *Pennsylvania;*—Drs. C M Hill, R Brown*, A J Martin*, J B Livingston, A Farnsworth, J P Norman, A Dabren*, C S Waage, M Emanuel*, C H Smith*, D Holmes*, C R Earley, J M Stevenson, G Ellis, W Reichardt*, A Sheller*, U Q Davis, J H Keeler, E Harvey, M Miller, A Carl*, A P Dutcher: *Rhode Island;*—Dr. J F Aldrich*: *Vermont;*—Drs. R B Skinner*, S Newell*: *Virginia;*—Drs. J C Spear, J H Legge, J C Hupp, A A Allison*: *Wisconsin;*—Dr. P W Chase*. OFFICE PAYMENTS.—Drs. Carter, Hunt, Edmonds, Haines, Rogers, Bishop, Ames.

Communications Received, for the week ending April 8th, 1863.—(The asterisk * indicates a cash enclosure):—*Connecticut;*—Drs. L J Sanford, W A Bennett: *District of Columbia;*—Drs. W J C Duhamel, E F Bates: *Illinois;*—Mr. H P Throop: *Indiana;*—Drs. C N Blount, W F King: *Iowa;*—Drs. J Williamson, M Marbourg: *Kentucky;*—Dr. W Milner: *Maine;*—Drs. D Flanders*, S Fitch: *Massachusetts;*—Drs T H Bartlett*, J Fiske*, W M Babbitt*, E Woodward: *Michigan;*—Drs. J M Tefft*, H W Bell & Son*: *New Hampshire;*—Dr. J F Sargeant: *New Jersey;*—Drs. Z Reed, I S Mulford, E P Blackwell: *New York;*—Drs. J Swinburne 2*, J A Fergusson, M H Shaw*, G S Bedford, E Fields, J K Snell: *Ohio;*—Drs. L M Lawson*, S Glass, W T Ridenour, A Allen*, J Weirich*, B B Ogden, H Vigor*, J S Cunningham*: *Pennsylvania;*—Drs. J F Wertz, E Lichty, J G Lightner*, R B Fruit, J B Martin*, J Q Robinson, D C Galbraith*, G B Stockton*, J W Eldred, W F Church, M L Meyers, C A Shure, A B Dill*, J McCready*, H S Clemens*: *Vermont;*—Dr. L C Butler: *Virginia;*—Drs. T F Marshman*, J T Calhoun: *Wisconsin;*—Dr. A E Smith.* OFFICE PAYMENTS.—Drs. Whilden, Gray, Wallans, Wilson.

MARRIED.

BRADLEY—JARVIS.—In New York, on Wednesday, March 25, by Rev. E. Y. Higbee, D.D., of Trinity Church, Edward Bradley, M.D., and Mrs. Mary E. Jarvis, all of that city.

MUNDY—ANDREWS.—In Salem, Mass., on Thursday, March 26, by Rev. E. B. Wilson, Edward C. Mundy, M.D., United States Army, and Laura Josephine, daughter of Hon. Joseph Andrews, of Salem.

RICHARDSON—MCDERMOTT.—On the 19th ult., by Rev. Mr. Woart, John P. Richardson, Assistant Surgeon 82d regiment, P. V., and Miss Angeline McDermott, both of Norristown.

VARLEY—PIKE.—At Boston, March 26, by the Rev. M. P. Stickney, C. D. Varley, M.D., of New York, and Mrs. Eliza M. Pike, of Brookline.

SMITH—ELWES.—In Elizabeth, N. J., on Wednesday, March 18, at St. John's Church, by Rev. Mr. Clark, Albert M. Smith, of New York, and Anna P. Elwes, only daughter of the late Dr. A. W. Elwes, U. S. Army.

SIMMS—GALBRAITH.—In Philadelphia, March 12th, 1863, by the Rev. Mr. Kenney, D.D., Dr. J. H. Simms and Miss Mary A. Galbraith, daughter of Robert Galbraith, all of Wilmington, Del.

DIED.

CADY.—On the evening of the 25th instant, Mary Isabel, only daughter of Dr. C. E. and Annie W. Cady, aged 5 months.

HINTON.—On Friday evening, March 27, after a short and severe illness, Frank Elsworth, son of Dr. J. H. and Sarah Hinton, aged 3 years, 3 months and 16 days.

PENNY.—March 23d, 1863, Dr. William Penny, of McKeesport, Pa., in the 52d year of his age.

VITAL STATISTICS.	Philadelphia. Week ending April 25.	New York. Week ending April 18.	Boston. Week ending April 18.
Population in 1860	565,529	805,651	177,812
Thermometer.			
Highest	.....	.....	.....
Lowest	.....	.....	.....
Mean	.....	.....	.....
Barometer.			
Mean	.....	.....	.....
Mortality.			
Male	138	252	33
Female	140	198	34
Adults	132	195	.....
Under 15 years	135	.....	.....
Under 2 years	84	147	.....
Total	278	450	67
Per-centage to population	.000481	.000558	.000376
American	210	310	.....
Foreign	51	140	.....
Negro	12	13	.....
I.—ZYMOTIC DISEASES.			
Cholera, Asiatic	...	...	...
Cholera Infantum	...	1	...
Cholera Morbus	...	...	...
Croup	9	16	12
Diarrhœa	7	2	...
Diphtheria	3	24	1
Dysentery	1	2	...
Erysipelas	1	2	...
Fever, Intermittent	...	...	...
Fever, Remittent	...	...	...
Fever, Scarlet	10	19	4
Fever, Typhoid	8	4	1
Fever, Typhus	7	4	...
Fever, Yellow	...	...	...
Hooping-cough	3	...	1
Influenza	...	...	...
Measles	2	5	...
Small Pox	...	2	...
Syphilis	...	...	...
Thrush	...	...	...
II.—SPORADIC DISEASES.			
Albuminuria	...	...	...
Apoplexy	3	8	2
Consumption	38	84	15
Convulsions	9	35	1
Dropsy	5	21	2
Gun-shot Wounds	1	...	...
Intemperance	...	...	1
Marasmus	3	22	3
Pleurisy	2	...	...
Pneumonia	25	...	5
Puerperal Fever	...	...	...
Scrofula	1	...	1
Violence	...	...	...

To Advertisers!—There is no better medium of reaching the medical profession than through the pages of the REPORTER, which has by far the *largest circulation* of any medical journal in the United States.

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Ten lines or less	$ 2 —	$ 6 —	$14 —	$22 50	$35 —
Quarter column	4 —	9 —	20 —	30 —	50 —
Half "	7 —	15 —	30 —	50 —	90 —
One "	10 —	25 —	50 —	90 —	150 —
One page	15 —	40 —	85 —	150 —	250 —

TO SUBSCRIBERS.

It has been thought best, in order to accomplish a contemplated change in the commencement of the volumes, and to introduce improvements long intended, to commence Volume Ten of the **Reporter** with the month of May, leaving April out of our calendar. The volume will run to the end of the year, after which the **Volumes will Commence with January and July.** We have the **Delayed Numbers of Volume Eight** about **Ready to Send Out.** A part of them would have been mailed some time since, but for a misunderstanding with the Post Office authorities, who refuse to let them pass, except as transient matter, to be prepaid. We have thought best to make further inquiry into the matter, and whatever the result, subscribers will receive them in due time. If we must prepay the postage, it will entail on us a very heavy and unexpected expense; but it will be met, and all the numbers mailed as rapidly as possible.

We are always ready to furnish subscribers with **Missing Numbers, to Complete Volumes for Binding,** and if notified within three months of the issue of such numbers, will forward them free of charge, except for postage, which must accompany the order. Under other circumstances, the price of single numbers, many of which are becoming scarce, will be ten cents.

Back Volumes can still be supplied.

Subscribers should **Be Particular** to give us their **Address in full,** and, in changing their location, should inform us where they have been residing, as well as where they change to.

We are glad to give any information in our power, in our **Answers to Correspondents;** also to superintend the purchasing of **Books, Instruments, etc.,** and to see that they are carefully Expressed to subscribers.

Physicians desiring a supply of **Vaccine Virus,** can obtain it by enclosing a stamp to this office.

After July 1st, the **Postage** on the **Reporter** will be **Twenty Cents per Year.**

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The Reporter and the *London Lancet*, (republished monthly)..... $6 00	$8 00
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Wanted!—The following numbers of the Reporter are wanted at our office:

All the numbers of Volume Four.

No. 207, Oct. 6, 1860.	No. 272–3, Jan. 4, 11, 1862.
" 225, Feb. 9, 1861.	" 274–5, Jan. 18, 25, 1862.
" 250, Aug. 3, 1861.	" 276–7, Feb. 1, 8, 1862.
" 251, Aug. 10, 1861.	" 278–9, Feb. 15, 22, 1862.
" 259–60, Oct. 5, 12, 1861.	" 281–2, March 1, 8, 1862.
" 264, Nov. 9, 1861.	" 316, Nov. 8, 1862.
" 269, Dec. 14, 1861.	" 317, Nov. 15, 1862.
" 270–1, Dec. 21, 28, 1861.	" 318, Nov. 22, 1862.

Special Notice.—Our agents are authorized to receive subscriptions, and collect from old subscribers, in accordance with the published terms. To prevent mistakes, subscribers will receive, in addition to the receipt given by the agent, a receipt from this office. If this is not received in the second, third, or fourth number after the payment is made, subscribers will please notify us. *Agents.*—J. Rowe Smith, S. D. Allen, and H. P. Throop, are now traveling in their respective fields; they are in every respect to be relied on, and their receipt will be acknowledged by us. Changes in this list should be noticed.

Subscribers wishing "Francis on Water," must apply to the author, at Newport, Rhode Island.

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Pennsylvania Hospital, Eighth, below Spruce. Entrance on Eighth Street.

Medical Clinic on Wednesdays and Saturdays, at 10 A.M., by Dr. F. Gurney Smith.

Surgical do., at 11 A.M., by Dr. Joseph Pancoast.

Medical Library of the Pennsylvania Hospital.—Open on Wednesdays and Saturdays.

Philadelphia Hospital, (Almshouse).—Medical Clinic on Wednesdays and Saturdays at 9½ A.M., by Dr. J. L. Ludlow.

Surgical do. at 10½ A. M., by Dr. D. H. Agnew.

Wills Hospital for the Eye and Limb.—Clinics, Wednesdays and Saturdays, at 11 A. M., by Dr. S. Littell.

Howard Hospital, Lombard Street, between Fifteenth and Sixteenth.

Clinical Lectures daily, at 12 M., 1 and 5 P. M. Monday and Thursday—Dr. Turnbull, at 1 P. M. Tuesday and Friday—Dr. Darrach, at 12 M.; Dr. Klapp, at 5 P. M. Wednesday and Saturday—Dr. Neff, at 12; Dr. Tryon, at 1; and Dr. Morehouse, at 5 P. M. Monday and Thursday—Dr. Meigs, at 5 P. M. Tuesday and Friday—Dr. Atkinson, at 3½ P. M.

University of Pennsylvania, Ninth, above Chestnut.

Surgical Clinics on Wednesdays and Saturdays, at 12½ M.

Jefferson Medical College, Tenth, above Walnut.

Clinics on Wednesdays and Saturdays, at 12½ M.

Philadelphia Lying-in Charity.—Clinic for diseases of females, at "Nurse's Home," S. W. corner Eleventh and Cherry, every Wednesday and Saturday morning, at 9 o'clock by Dr. Edwin Scholfield.

THE MEDICAL AND SURGICAL

REPORTER.

(Published Weekly.)

Editor, - - - - S. W. BUTLER, M.D.

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Back Volumes.—We have on hand a few complete sets of the Reporter from its commencement as a weekly, in Oct. 1858. These volumes contain a vast amount of practical information, and would make a handsome addition to a physician's library, their form being well adapted, when bound, to making a good appearance on the book-shelf.

THE

MEDICAL AND SURGICAL REPORTER.

No. 338.] PHILADELPHIA, MAY 9, 1863. [Vol. X.—No. 2.

Original Department.

Lectures.

LATERAL CURVATURE OF THE SPINE.

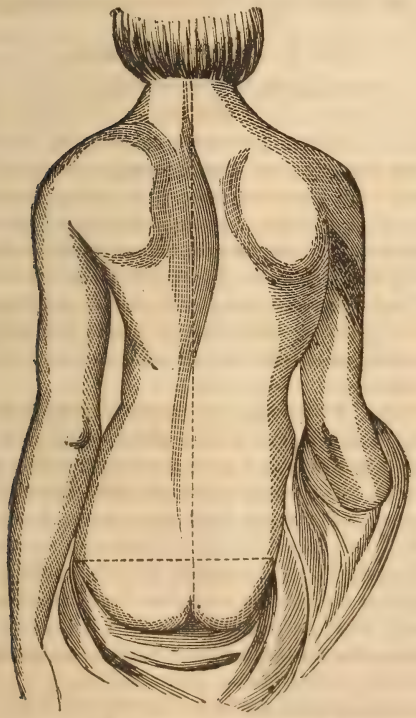
By Prof. Louis Bauer, M. D.
Of Brooklyn, N. Y.

Scoliosis.

[Continued from page 2]

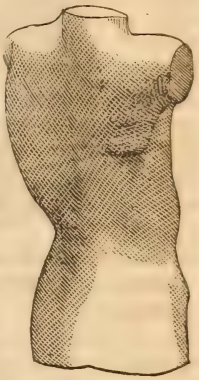
The third degree (Figs. 67, 68,) is already

Fig. 67



characterized by anatomical changes and various consecutive deformities concerning the trunk. The latter, it will be perceived, does not incline as much to one side as in the second degree, owing to the proportionate compensation through the lumbar curve, yet the contours of the thorax are materially altered, the respective angles of the right ribs are lessened and in degree more prominent, in consequence of which the shoulder-blade has been displaced at its lower angle and assumed an oblique position; whereas, in front the ribs recede from the sternum and are flattened. The articulations of the vertebræ are rigid, almost anchylosed, and the most powerful extension fails to correct the curvatures.

Fig 68.



The fourth degree represents the final result of progressive scoliosis habitualis, beyond which there can scarcely be a greater aggravation.

Fig. 69.

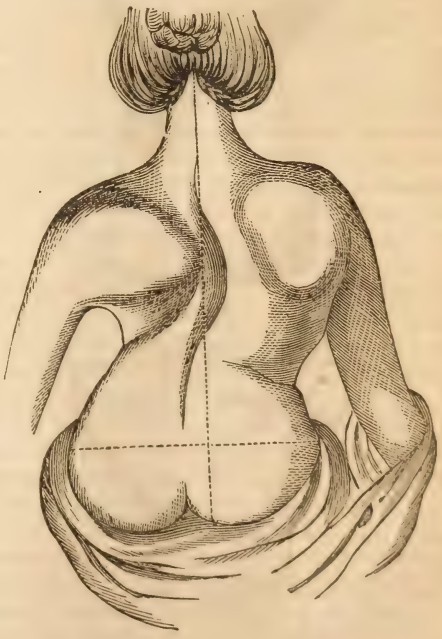
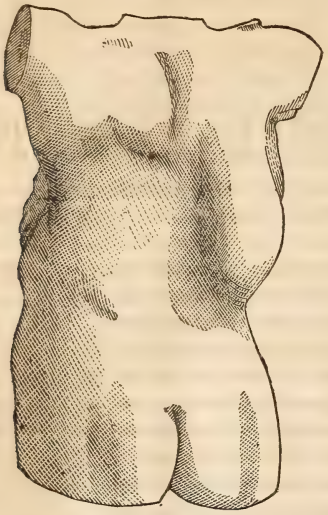


Fig. 69, shows the appearances of the preceding diagrams, but more extended. The anatomical character we have brought under your notice under the pathological head to which we refer you.

Fig. 70.



Figs. 70, 71, 72, represent cases from our own practice; Fig. 72, being the front view of the preceding.

Fig. 71.

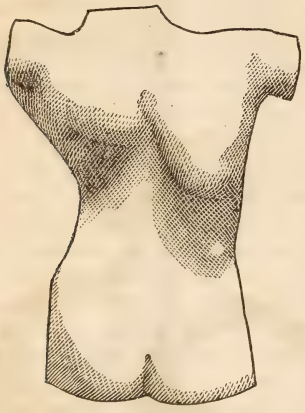


Fig. 72.

As regards the prognosis of lateral curvature, we have to take our guidance from both clinical experience and pathological anatomy.

As long as the flexibility of the spine exists, and the hand or mechanical means are still effective in correcting the deviation, there is possibility in diminishing or even removing the trouble by a proper and persisting treatment. The results of your effort depends, however, to a considerable extent, upon the patient. With her faithful co-operation alone, you can count on reasonable success, and hence, the character of your patient should be embraced in your prognostic calculations.

The third and fourth degrees of scoliosis are positively precluded from amelioration, for reasons which we need not detail. All you may accomplish in the third degree is to check its advance by appropriate means.

Communications.

ROUGH NOTES

Of an Army Surgeon's Experience, during the Great Rebellion.

By J. Theodore Calhoun,

Surgeon, 5th Regiment, Excelsior Brigade, N. Y. V.

No. 16.

Camp Diarrhœa—continued.

An issue of flour is occasionally substituted for bread. In the rebel army it is a very constant part of the rations. They mix it with a little pork grease and water, and bake it into cakes about half an inch in thickness. We find it in the haversacks of their dead and wounded in the shape of thick, heavy, clammy cakes, which cannot but be indigestible, and must be an excellent excitant of diarrhœa.

Issues of corn meal are occasionally made to the rebel soldiers, and it has always seemed to me that it would form a good component of our army rations. On every march we find the soldiers besieging the negro huts along the road for corn cakes, and they will pay for them the most exorbitant prices. Corn meal is so easily cooked, that a soldier with his tin plate, had he the meal, could easily cook himself a hot cake for supper, and where the molasses ration can be furnished, he could have his "mush and molasses." The experiment of such an issue is worthy of a trial.

Sutler's trash causes many diarrhœas. The staple articles with sutlers are canned soups, meats, vegetables, and fruits, and a sort of molasses cake, of which they sell immense quantities. The canned soups and beef essences are sometimes very good, and quite palatable for a little while; if used frequently they soon cease to be so. Some of the fruits and vegetables are excellent, but

many of them are badly preserved and unwholesome. The canned lobster is particularly unfit to eat; fresh lobster is noted for its tendency to produce cholera morbus, and when preserved in cans it is pretty certain to make those sick who eat it. Salmon is perhaps one of the best articles thus preserved. It relishes very well with a hard cracker, and seldom affects unpleasantly the digestive apparatus.

Sutlers are a nuisance, a sort of necessary nuisance. Without a sutler, officers and men would be deprived of butter, pepper, and various other little luxuries, which can be obtained in no other way. At the same time convalescent patients will often make themselves sick again with sutler's trash; and "rot-gut" whiskey is too often sold in defiance of all orders and penalties, and at prices which would seem incredible to civilians. I have known the most villainous whiskey sold at five dollars a canteen, (three pints,) and well watered at that. A sutler *can* be placed under proper restrictions and many of the evils complained of can be abated, but even then it is almost impossible for the sutler's sales to have other than a detrimental effect on the health of a regiment.

Malaria is even a more frequent cause of diarrhœa than improper food. The Chickahominy diarrhœa has given to the swamps of the Peninsula a reputation, as generators of disease, which is well nigh world-wide. I opine that there are but few of your readers who have not had a tilt with some inveterate case of diarrhœa, acquired in the pestilential marshes, which are a better protection to the capital of Rebeldom than all its laboriously constructed fortifications.

The pestilential gases exhaled from the illy buried dead of a battle field, the exhalations from decomposing filth and garbage, or stagnant pools in the neighborhood of camps, badly kept sinks, illy ventilated or crowded tents, and in short, any thing that will reduce the vital forces and bring about a state of depression, will engender diarrhœa. Long and fatiguing marches, especially under a hot sun, exposure to sudden changes of temperature, to rain and cold, want of sleep, will therefore cause diarrhœa, and even mental depression has its influence. A defeat or reverse of our arms, and home-sickness, are not without their effect.

Water loaded with organic matter, or otherwise impure, is probably responsible for a very large proportion of our diarrhœa; and even when pure, if drank in immoderate quantities the same effect is produced. It is astonishing what a passion soldiers have for drinking water, and this excessive use generally produces diarrhœa. It is a very noticeable fact, that the longer soldiers are in the service the less water they drink.

It too often happens that the only drinking water procurable is surface water, loaded with organic impurities and offensive in color and taste if not in odor. Diarrhœa will be the inevitable consequence of drinking such water.

It is the universal belief among soldiers that a well man can contract diarrhœa by defecating at a sink used by patients afflicted with that disease, and I believe that this idea is well founded. I have never been able to prove it by actual, conclusive experiments, but all my experience has gone toward confirming that idea.

If the causes of the disease are so varied, the symptoms are almost as much so, yet so constant that there is never any difficulty in the diagnosis. By the term Camp Dysentery the disease should be more properly known, as what may be at first a simple diarrhœa may at any time take on the tormina and tenesmus with bloody or purulent evacuations.

In the majority of cases the disease commences as a slight diarrhœa, without any premonitory symptoms or constitutional disturbance. Occasionally there is headache or nausea antecedent to the diarrhœa; more generally the disturbance of the system follows rather than precedes the diarrhœa, and in the majority of cases it is altogether absent. As the disease progresses, the febrile symptoms, if there are any, subside, and the discharges from the bowels increase in number but decrease in quantity. Tenesmus becomes a most prominent symptom. The discharges which were at first of a natural color, or perhaps greenish, clay color, whitish, or sometimes black, now usually become almost colorless, being "glairy" and resembling in color and consistency the white of an egg. Perhaps not more than a tea-spoonful will be passed after half an hour's straining, or the discharges are stained with blood, or composed of entirely clear blood, or of frothy blood of florid arterial color, resembling the blood in a case of hæmoptysis. In other cases the discharge is clearly purulent or muco-purulent. In short, there is not a shade of color, or hardly a degree of consistence, from hardened scybala to the limpid, watery discharges, that will not be met with: the clay colored, albumnoid looking, and bloody discharges, are the most generally seen.

The patient loses his appetite, eats almost nothing, yet "hankers after," to use the camp phrase, almost every thing he sees or hears of, which, when obtained for him, he cannot eat. He wants to drink all the time; thirst is usually quite a constant symptom. Occasionally there is pain in the abdomen, and not unfrequently a little tenderness on pressure over the liver, with fugitive pains throughout the limbs. There is usually little or no headache. Sleeplessness is sometimes

observed, but is by no means a constant symptom. The tongue is furred, and toward the latter stages of the disease is often brown or black, with sordes about the gums and teeth, and dry, brown, hardened or often cracked lips. The urine is commonly scanty and often high-colored.

As the disease progresses emaciation ensues; the patient gets thinner and thinner until he is but a shadow of his former self. His face is of a cadaverous hue, with cheeks and eyeballs sunken. His gait is tottering and uncertain, like that of a palsied old man. The discharges are extremely frequent, sometimes numbering twenty, thirty, fifty or more in the twenty-four hours. If no relief occurs death closes the scene.

A vast majority of cases of Camp Dysentery are cured by some simple remedy or by the removal of the cause, or get well by a change of air or scene. Some cases run their course in a few weeks; the majority continue for months, and some, I believe, even for years. It is emphatically a slow, tedious disease.

There is a great tendency to relapse. After having ceased for a week or two it recurs with the same severity: this is the worst feature of the disease. A man who has once had Camp Dysentery badly, is never safe from an attack of it. When he is in perfect health and when he is least expecting it, he will be taken down and in two or three days will be having twenty or thirty discharges a day.

It is a noticeable fact, and a most unfortunate one for the patient, that when originally seized with the disease its progress is slow, but the recurrent attacks assume in forty-eight hours a severity that the original one took several weeks to arrive at. After a severe attack of Camp Dysentery a soldier can never be relied on. The fatigue of a forced march, or exposure to any unusual change of temperature, will put him on his back again. How long this relapsing tendency remains, future years will determine; many of our Mexican volunteers, as I have heard, have suffered and died with it years after their first attack.

Severe Camp Dysentery, in patients predisposed, either by hereditary taint or otherwise, to tubercular deposit, is almost sure to develop phthisis. This will not be wondered at when the causes of Camp Dysentery and their habits are noticed. I am every day seeing men with phthisis pulmonalis who had no symptom of the disease before attacked with diarrhœa. The particular form seen most frequently is that known as "Galloping Consumption," and it can be easily understood that with the reduced state of system the patient cannot long bear up against the two diseases.

I have noticed that negroes are seldom attacked with Camp Dysentery. I had for several months a camp of contrabands under my charge, and since then, have attended not a few of them in the every day routine of practice, and I can recall but very few cases of dysentery amongst them. I do not remember a negro ever dying with the disease. The exemption of the negro from malarial fevers is proverbial, and it will be worthy of note by those who have camps of contrabands placed under their charge, if their experience corresponds with mine. The negroes that I attended were certainly exposed to all the influences that would produce dysentery in white men. Those surgeons who shall have charge of the negro regiments about to be put in the field, will easily determine whether their men are exempt from this curse of armies. I have found, however, that typhoid pneumonia is very prevalent among the contrabands of our army, and of the two diseases the Camp Dysentery is to be preferred.

THE PRE-TUBERCULAR STAGE OF PULMONARY TUBERCULOSIS.

By A. P. Dutcher, M. D.,

Of Enon Valley, Pennsylvania.

That there is such a stage of this malady as the pre-tubercular, will not be denied by those who regard phthisis as a constitutional disease; that there are symptoms and physical signs indicative of this peculiar condition of the system, sufficiently marked to be of practical value, will not be so readily admitted.

It is common with many to overlook the lesser symptoms of the constitutional disorder and seek those which belong to the local lesion, and if there be no evidence of local disease, they give a favorable prognosis, and dismiss the patient with some trifling prescription in no way calculated to meet the indications of his case. His disorder is thus suffered to progress until the lungs become hopelessly involved, and little if any benefit can be derived from medical treatment.

I am aware, that the great majority of phthiscal patients do not apply for advice, until they have passed beyond the precursory stage of the disease, and it is not very often that we have the opportunity of carefully studying their symptoms; but, I am satisfied from my own experience, that there are certain symptoms, which belong to the pre-tubercular stage of this disorder, and which are generally very manifest, and may be of great practical value in lessening the mortality of this most fatal malady. I am acquainted with several who, I firmly believe, would have been in their graves, if it had not been for the timely detection of their disorder at this stage, and the employment of remedies to counteract it.

Before proceeding to describe the symptoms,

let us specify what we mean by the *pre-tubercular* stage. Authors commonly describe three stages of phithisis, namely: the stage of deposit, the stage of softening, and the stage of expulsion. That which we describe precedes the first, it is that *antecedent morbid condition of the general system which precedes the local development of tubercles;* a state eminently characterized by some special degenerative changes in the blood, which render it unfit for normal nutrition and the maintenance of healthy action in all the tissues of the body. In some constitutions this blood dyscrasia is more marked than in others, so much so, that death will occur before the local lesion has made serious progress; every physician, who has had much experience and has been in the habit of making post-mortem examinations, must have seen cases of this description; the patient succumbs to the constitutional malady. When this dyscrasia is present in a very slight degree it will produce derangements in the various organs of the system, which cannot fail to attract the attention of every careful student of the laws which govern the human body in health and disease.

PART I.

General Symptoms.

In the pre-tubercular stage of phthisis the general symptoms commonly presented are as follows:—

The countenance is dejected; the eyes are dull; the lips have lost their cherry red, and when the cachexia is very decided they incline to purple; the complexion is sallow; and the hair of the head is very dry. The pulse is accelerated and the respiration is hurried, and very much increased in frequency by even moderate exercise. The appetite is variable; and the bowels frequently out of order, sometimes costive, but more frequently relaxed; in the latter case there are commonly symptoms of indigestion, and the food, although frequently taken in sufficient quantities, is imperfectly assimilated, consequently, the muscles become flabby, the body emaciates slightly, its weight is materially lessened, and the patient complains of a want of strength and ability to engage in any of the active pursuits of life.

The excretory functions are generally very imperfectly performed, with the exception of the skin, which is more active than common, yielding an increased quantity of perspiration, which reduces the temperature of the body; hence the patient complains at times of chills, flushes of heat, cold hands and feet. They always require an extra amount of clothing to maintain a comfortable degree of warmth, and are very sensitive to changes in the weather. They also frequently complain of thirst, dryness, and sometimes a burning heat in the mouth and throat, with a feeling of soreness about the larynx, and the slightest external pressure in this region will excite coughing. On inspecting the throat, the tonsils will sometimes be found slightly enlarged and the mucous membrane of the pharynx very red and dry. In some cases the patient is troubled with aphthæ upon the tongue, cheeks, and lips; a sure sign of approaching phthisis in the adult, particularly when it is habitual. In the great majority of cases, even at this early stage, Thomson's gingival margin will be found clearly defined upon the gums—an outstanding sign of the tubercular cachexia. Although every other sign of the malady may be absent, we need not hesitate a moment, to pronounce the case tubercular if this streak be upon the gums.

Patients suffering under the pre-tubercular stage of phthisis, sometimes complain of pain in the chest, and palpitation of the heart. The pain is usually neuralgic in its character, wandering from one locality to another, sometimes in the side, sometimes just under the sternum, then again between the shoulders or under the scapula, but never very intense. There is not unfrequently considerable tenderness along the dorsal vertebræ. The palpitation of the heart is ephemeral, and is commonly produced by sudden changes in the position of the body or strong mental emotions. Several years ago I attended a very intelligent lady who died with phthisis, who informed me that the very first symptom of ill health that she felt, was a slight palpitation of the heart, while she was engaged in her usual domestic duties, and that it was but a very short time after this, when she commenced having more threatening symptoms of her disease. The heart is commonly more active than in health, and the reason for it is to be found in a great measure in the deteriorated quality of the blood, thus imposing an extra burden upon the circulating organs to convey it to the ultimate tissues of the body.

In most all of these cases there is a slight cough, sometimes dry, but more frequently attended with expectoration. When the bronchial tubes are very much irritated the expectoration will be copious, where this is not the case it will not be very much. The prevailing character of the expectoration is mucous; at first it may be glairy mucous, and when dry it will shine like silver; if the blood malady has made any considerable progress, it will be slightly viscid, frothy, and faintly yellow. And when carefully examined by the microscope, it will be found to contain withered pus-corpuscles, and shrivelled nuclei. In one instance I detected these products in the sputum of a tubercular patient, two years before there was a single physical sign, to indicate the presence of the local

lesion. The presence of the withered cells and shrivelled nuclei, are indicative of approaching tubercular deposits in the lungs. They show very clearly, that the blood is rapidly degenerating into that peculiar dyscrasia which must ultimately lead to the development of pulmonary tuberculosis and its destructive sequence.

Hæmoptysis is also a frequent symptom of this stage of the disease. Some writers on phthisis tell us, that hæmoptysis does not commonly make its appearance in this malady, until the tubercular deposits have formed in the lungs. But I have met with cases where it has manifested itself, long before there was a single physical sign of the local disease developed. I have had a woman under my care, for more than ten years, who has the tubercular diathesis very clearly marked, she has a decided proclivity to phthisis, her father and mother having died with the disorder. During the time mentioned, she has had several attacks of profuse hæmoptysis, but at no time has there ever been a physical sign of the disease, excepting prolonged expiratory murmur, and that but very recently. Her blood-making organs are very feeble, and her blood is frequently very deficient in its solid constituents; the bronchial mucous membrane delicate, the depraved blood is freely exuded into the bronchia and hæmoptysis is the consequence. That she will ultimately succumb to pulmonary tuberculosis, I have not a doubt.

During the pre-tubercular stage of phthisis in females the menses are usually very scanty or suppressed, but this is not always the case. I have known some instances where they were very profuse, occurring at short intervals, exhausting the patient's strength with the greatest rapidity, and thus greatly adding to the tubercular cachexia. When the menses are suppressed, the patient will sometimes be troubled with leucorrhœa, and its attendants, pain in the back, limbs, and head, with bearing down pains in the lower part of the bowels, with a frequent desire to urinate. The walls of the vagina will sometimes be found very much relaxed, and the uterus slightly prolapsed, and unless the physician is on his guard, he will be very apt to take all these symptoms as the mere expression of some local uterine derangement, while the great constitutional malady, which is the legitimate cause of all these difficulties, will pass unnoticed until the pulmonary organs have become hopelessly involved. We do not believe that uterine troubles are ever the primary cause of tuberculosis, but they may, and indeed do, frequently hasten its development. And in females who have a marked proclivity to this malady, they may sometimes be looked upon as symptoms of that disorder which is to absorb every other.

Such are some of the general symptoms that frequently present themselves to our view in the pre-tubercular stage of phthisis. With three or four exceptions they are symptoms that are sometimes found manifesting themselves in other forms of disease, and they cannot therefore be regarded as altogether characteristic of this. But in estimating their value, we must study them individually and collectively, placing each one in its proper relation to the other, they will present us with materials, that will form the basis of a very accurate diagnosis of this stage of pulmonary tuberculosis.

[To be continued.]

ELECTRO THERAPEUTICS.

By H. Lassing, M. D.

Of New York.

Stiff Joints.

It is not my purpose to enter into the pathology of this disease, the causes whence it arises being too numerous, but by giving a few cases which occurred in my practice, will describe my method of cure by the application electro-magnetism as an indispensable adjunct to other proper therapeutic measures.

D. W. B., a merchant of this city, aged 35, of a bilious temperament, has been a resident of the Southern States for many years, and subject to frequent attacks of acute articular rheumatism for which he was treated by large doses of calomel, colchicum and strychnia; two years since he found his right knee slightly stiffened, which continued to increase until he came under my care. I found the limb flexed at an angle of about 45 degrees, allowing a very slight movement only, not more than about four inches. The knee was much swollen and painful, the form of the joint was altogether lost, there appeared to be no inflammation in the joint, but a fluctuation could be distinctly felt. I diagnosed movable cartilages, the capsular ligament was so distended with the synovial fluid as to create the fluctuation. By manipulation the cartilage could be placed between the bones, and then if the joint was moved, excruciating pain and sometimes faintness was produced.—The treatment I pursued consisted in the daily application of the direct electro magnetic current through the joint by means of moistened conductors, and also applying the same current through the limb from the hip to the ankle and foot. The joint was bathed with the crude petroleum oil, briskly rubbed with hair cloth, painted with collodion and wrapped in raw cotton saturated with a liniment of petroleum oil, ammonia, opium, capsicum and conium, and this surrounded by oiled silk. Internally the Tr. cinchona, and Hyd. chlorid. in 1-32 gr. doses, and Potassæ iod., were administered. Whenever the

cotton was removed from the joint it was thoroughly wet with perspiration, producing a very sour fetid smell. In about two weeks after this, treatment was commenced, the swelling being to a great extent reduced, passive movement of the joint was added to the treatment, and also effusions of hot water. By these means, the patient was enabled after three months treatment, to walk without any cane, he having at first used two crutches, the cartilage was evidently absorbed, the knee had regained its form, no fluid could be perceived in the joint, and the limb could be moved to all normal positions voluntarily without pain or inconvenience.

Patrick D., æt. 28, a patient at the Eastern Dispensary, had dislocated the tibia from the femur, while unloading a vessel, which terminated in a stiff knee. A few weeks before I saw him, he had sustained a fall which very much injured the ankle, caused him to be laid up in an Hospital in splints for several weeks and materially increased the stiffness of the knee. I found much wasting of the muscles of the right thigh and buttock, with almost total immobility of the knee-joint and swelling of the leg. The treatment pursued was the same as in the previous case, and resulted favorably after forty-three days, when patient was discharged entirely cured.

Jane M., a young lady, æt. 17, by jumping from a high chair dislocated her ankle, which by improper treatment and imprudence on part of patient soon swelled to an alarming extent, an effusion of fluid took place, making any movement of the joint painful. Under similar treatment to the foregoing, recovery speedily took place.

Robert A. DeB., æt. 48, was also a case of stiff knee-joint with fibrous bands forming firm attachments, and under similar treatment, combined with the artificial expansion and contraction of the extensors and flexors by the electro magnetic current, speedily recovered.

Hospital Reports.

Philadelphia Hospital, *January* 31*st*, 1863.

Clinical Service of Dr. Da Costa.

Reported by *Dr. H. C. Wood*, Resident Physician.

PATHOLOGICAL SPECIMEN.

Mania-a-Potu.

The attention of the class was next called to the brain of a man who died of mania-a-potû complicated with pneumonia. The membranes and substance of the brain were congested, but not inflamed. There was not an abnormal quantity of fluid in the ventricles, nor was there any effusion at the base. It was remarked that this brain was very interesting, as showing that the best marked delirium is not necessarily found, after death, to have been associated with inflammation or marked cerebral lesion. In typhoid and typhus fevers, there often exists delirium —perchance low in its type—perchance wild and furious—but constantly augmenting, and sometimes terminating in coma. Autopsy reveals, not an inflamed brain—not a brain ruined by some organic lesion—but one simply congested. The stomach of this man is very interesting, in connection with the case of acute catarrh before the last clinic. It shows the organic lesions of that affection. The mucous membrane is highly congested—more so in some portions than in others—but there are none of the so-called products of inflammation present. The liver is very fatty. This often exists in drunkards, but is by no means restricted to them. The class were then shown another liver, taken also from a debauchee. It was remarkable from the fact that although perfectly yellow with fat, it was greatly indurated. It was in the first stage of cirrhosis.

Dysentery.

The result of the treatment in the case of M. S., who was before the class, with acute dysentery, January 27, was first given. He was discharged cured February 2d. His treatment was not altered from that on which he was placed at the clinic.

The first case presented to-day was H. E. It was remarked that he was before the class January 27th, with dysentery then existent for a month. He is better than then, his stools a little less frequent, and much less bloody and slimy. The tannic acid and opium exerted a very happy influence for awhile, but they have apparently lost their power, and for a day or two the patient has retrograded. This being the case, it would be better to discontinue the treatment and substitute the following:

℞. Plumb. acet., gr. xxiv.
Camphoræ,
Opii, āā, gr. vj. M.
F. pil. xij. Sig., One four times a day.

Typhoid Remittent Fever, accompanied by Erysipelas.

The next case shown was M. M., German, aet. 24. He entered the wards January 19. He was then in a low typhoid condition, following, according to his statement, chills and fever. He was troubled with excessive gastric irritability, accompanied with epigastric tenderness and profuse diarrhœa. These have both vanished under treatment. January 24th, he had a bad attack of erysipelas in the face. From this he convalesced, but on the 31st had a second attack. From this he is now recovering. His treatment has consisted in the administration of one ounce of beef essence and one ounce of milk punch (half and half) every other hour, and also the following:

℞. Tr. ferri chlorid., f℥iij.
Quiniæ sulph., gr. vj.
Syrupi, f℥vss. M.
F. Sol. Sig., Half an ounce every two hours.

Locally, the following application was employed:

℞. Extr. opii, gr. xij.
Liq. plumb. subacet. dil., f℥iij. M.
F. Sol.

It was remarked: that this man came into the wards in a low typhoid state, with the liver somewhat and the spleen greatly enlarged. Since his entrance, he has had two separate attacks of erysipelas, from the latter of which he is now convalescent. His face is swollen, but the redness is gone and the skin is desquamating. There are here two points of especial interest; the first, the occurrence of erysipelas after a fever; secondly, the success of the treatment. Erysipelas is more frequently a constitutional than a local disease; indeed, that belonging to the province of the physician is strictly a constitutional affection.

It often follows low fevers. As a sequla of typhus fever, it is not of rare occurrence. The tr. ferri chloridi seems to exert a very happy influence over the disease; it is the only agent that is at all specific. It may be safely pushed to the extent of thirty drops every two hours. The quinine is not given to control the disease, but merely to support the system. In very many cases it is absolutely necessary that stimulants should be exhibited boldly, in order to prevent the patient from sinking.

But what is the diagnosis of the fever that preceded this patient's entrance, and what is the prognosis as to his future. He states that he had a chill every day, followed by a febrile and a serrating stage. This points to a malarial fever, either intermittent or remittent. The gastric symptoms make it most probable that it was the latter, but it is not very material which it was. The great enlargement of the spleen confirms the idea of a malarious origin. There may be some increase in that organ in typhus and typhoid fevers, but it is never so great. He had then a low typhoid state of the system, accompanied with diarrhœa, and following a miasmatic attack. This is sometimes styled remittent typhoid fever. But it differs *in toto cœlo* from enteric fever in the absence of the peculiar abdominal lesions of that affection. The prognosis is favorable. The indications for treatment are to build up the patient and reduce the liver and spleen. Let him have the following:

℞. Quiniæ sulph., gr. xxiv.
Acid muriat., gtt. xlviij.
Syrupi, f℥vj. M.
Sig. Half an ounce three times a day.

The tincture of iodine must be applied over his liver and spleen. If the enlargement of these organs persists after his general health mends, the iodide of potassium will be tried.

Local Paralysis.

The next patient was G. D., æt. 73, native of Philadelphia. When he awoke on the morning of January 7th, he discovered that his arm was almost powerless. He states that he had been lying on it all night. He has been subject to rheumatism for seven years. He entered the medical wards January 8th. It was remarked that in a week his arm has greatly improved. At first, the loss of sensibility, as well as of motion, was nearly total; now, the former function is almost entirely restored. There is no wasting of the muscles. The heart's action is excited and irregular, but there is not any valvular lesion. The examination of the urine shows that the kidneys are normal. Here then is a case of purely local paralysis, without cardiac or renal disease. What is its cause? The localization of it negifies any suspicion of a brain lesion. It must be owing either to pressure on the nerve, or else to rheumatism, which are the most common causes of local paralysis. The popular idea of a loss of power following the lying on the arm, is not a fallacy. It is probably thus that this case has arisen. The treatment will consist in the use of stimulating liniments and galvanism. Let one pole of a battery be applied to the axillary nerve and the other to different points on the fore-arm, and also galvanize the deltoid muscle separately. There is no need of constitutional remedies. Were rheumatism the cause of this loss of power, the same local means would be indicated, but the internal administration of alkalies and colchicum would be called for.

Tympanites.

The next case was E. R., æt. 52 years, German. She entered the hospital four weeks ago, with trouble about her heart and abdomen. Three years before, she was in the medical wards for twenty-seven weeks, similarly afflicted. She left improved, but not entirely well. So she has remained until lately. Her menstrual flow has been very irregular, and mostly absent for the last eleven years. During that time she has been married, but never conceived. The swelling of her abdomen appeared shortly after the first cessation of her menses. It was remarked that this woman came into the house to be treated for palpitation of the heart, difficulty of breathing, and swelling of the abdomen. The first question that arises in regard to her case is, has she ascites? The everywhere tympanitic percussion and the absence of fluctuation in her abdomen answer no. Its immense size must be owing to the intestines being distended with gas. By pushing up the diaphragm, they interfere with its action, and thus cause the dyspnœa. Auscultation shows that this and the palpitation are not owing to valvular disease. It is anæmia that incites the heart. The question presents itself, why are the intestines so filled with flatus? Because their muscular fibre has so entirely lost its tone that it no longer contracts and expels the gas. Her whole disordered condition is, without doubt, closely connected with her uterine trouble. What treatment shall she receive? Certainly, no one would administer purgatives and diuretics. There is no water to be carried off. Let her take the following:

℞. Strychniæ sulph., gr. ss.
Ferri sulph., gr. xvj.
Capsici pulv., gr. iv. M.
F. pil., iij. Sig. One three times a day.

And at meal time ten drops of muriatic acid. The strychniæ is given, not only because it is a tonic, but because it has a special tendency to produce muscular contractions. If this treatment fails, wine of ergot shall be tried. The anatomical elements of the muscular coat of the uterus and intestine are so identical that it is not unreasonable to look for good in the case from an agent so powerful in acting on the uterine muscle.

Surgical Clinic of Prof. Gross.

Reported by *J. E. Owens*, M. D., Resident Surgeon.

Prolapse of the Rectum.

J—— H——, aged seventy-five, affected with prolapse of the rectum of nine months standing, dependent on constipation. The tumor is of large size, and consists of an invaginated condition of the lower bowel. The patient having been placed under the influence of chloroform, the bowel was reduced, and its retention assisted by means of a thick pad placed over the anus, and kept in its position by a double T bandage, the perineal bands of which were crossed in such a manner as to press at their points of intersection, upon the pad. The patient was compelled to pass the feces and urine in the recumbent posture, as the pressure exerted in this position, by the diaphragm and abdominal muscles, upon the rectum, is much less than when these discharges are effected in the ordinary manner. The bowels were opened spontaneously on the second day, and the feces kept in a soluble condition by the administration of castor oil. Defecation did not cause a reappearance of the bowel. Morphia, in half grain doses, was given to relieve pain and to render the patient quiet. An injection, of ten grains of acetate of lead in two ounces of decoction of oak-bark, was ordered three times daily. During the past three weeks the bowel has remained in its normal position, and the patient is now considered well. Feb. 25th, the patient was discharged cured; she still remains in the house. March 26th, there has been no return of the bowel.

Stricture of the Urethra.

1. T—— M——, aged sixty-three. Stricture at the commencement of the membranous portion of

the urethra, of ten years' standing. The patient says that he has never had gonorrhœa. It is possible that the former may exist independently of the latter affection; yet, the cause of stricture is, in ninety-nine cases in a hundred, gonorrhœa. A small, conically-pointed catheter is passed into the bladder; this instrument having been withdrawn, one of a larger size is passed, and is to be retained by means of the double T bandage. The common silver catheter, with a moderately conical point, is the instrument best adapted to the rapid dilatation of stricture. Such an instrument is light, strong, and durable. It is often necessary to retain the instrument in the bladder, and for this reason, if for no other, the silver catheter is to be preferred to all others. The same rules are observed in performing this operation as in ordinary catheterism. The instrument must be removed at the end of forty-eight hours and cleansed, after which it must be reintroduced. The patient was ordered half a grain of morphia. Discharged Feb. 14th, cured.

2. J——— H———, aged sixty. Stricture, the result of gonorrhœa, which the patient labored under sixteen or seventeen years ago, and which was treated with strong injections. The gonorrhœa continued seven months. He has frequent desire to pass his urine, which is voided from ten to twelve times in the twenty-four hours; it passes off in a very small stream, and sometimes merely dribbles away, falling at the patient's feet; sometimes five minutes are consumed in emptying the bladder. The urine occasions no scalding during its passage. The catheter being used, a very firm obstruction is met with, but it is not so far back as in the preceding case, being situated at the root of the scrotum. In performing this operation, the instrument must be kept in the direction of the raphe of the perineum, and of the median line of the abdomen. Great care must be used lest a false passage be made, as the mucous membrane, about the seat of the stricture, is usually greatly softened. After some manipulation, the instrument is passed through the stricture, lacerating it to some extent, and it is to be retained in the bladder. A stricture may be of a transient or of a permanent character. The former is the result of a spasmodic contraction of the urethra; the latter of an effusion of plastic matter into the mucous membrane and the subjacent cellular tissue. The matter becomes organized, and thus occasions a permanent or organic stricture. In this case the stricture has been broken down by the instrument which is left in, with the view of stimulating the absorbents to take up the effused lymph. The patient must be kept warm, upon a light diet, and take at once half a grain of morphia to prevent pain, irritation, and rigors, so liable to follow such an operation. March 26th, this patient was discharged, cured.

3. C——— E———, aged 37; admitted Oct. 10th, 1862. During defecation, the patient, in consequence of straining, felt something give away about the urinary apparatus, and immediately after passed, as he says, "a handful of blood" from the penis. Previously to this accident, he had had gonorrhœa, which had lasted about a year. There was, after the decline of the latter affection, great difficulty experienced in urinating, accompanied with severe straining. Immediately upon passing the blood, the patient came into the ward, his scrotum being very much distended, hard, painful, and of a purplish hue. He had also chancres upon the prepuce and at the meatus. About the time of his admission he was seized with a chill. He was exhibited to the class in this condition by the Surgeon then on duty; but some doubt existed as to the nature of the swelling of the scrotum. He was put upon a supporting treatment; acetate of lead and laudanum were applied locally; the scrotum was supported by means of a suspensory bandage. The day after the patient was brought before the class, the scrotum opened a short distance below the root of the penis, when half a pint of pus, blood and urine, was discharged. As the urine issued at this aperture, a catheter was introduced into the bladder, in order to conduct off the fluid as fast as it descended from the kidneys. The case was originally one of gonorrhœa followed by stricture. Gonorrhœa being an inflammatory affection, has resulted in an effusion of organizable lymph in the mucous and sub-mucous cellular tissues, causing a tight structure. The straining, which the patient mentions, was not required to complete the act of defecation, but to void the urine.

The effusion of blood was caused by a rupture of the urethra just behind the stricture, eventuating in infiltration of urine. This man, then, has a fistulous opening, communicating with the urethra, admitting of the passage of a considerable quantity of urine. A rupture of this kind is a very dangerous and often a fatal accident, the urine lighting up severe inflammation, rapidly terminating in gangrene of the affected parts. The indication is to get rid of the stricture. With a view of dilating the stricture as well as preventing the flow of urine through the fistulous opening, a catheter is passed through the obstruction into the bladder, the instrument being retained. A solution of acetate of lead is applied locally. March 26th, this patient's general health was very good. There is yet a small orifice through which passes a very small quantity of urine. The orifice is gradually narrowing. He still urinates through the instrument.

Long Island College Hospital, *Brooklyn.*

Obstetric Clinic of Prof. Chapman.

Reported by *Student A. J. C. Skene.*

Anteversion of the Uterus.

Mrs. McA., aged 56 years, married, presented herself at the College Clinic on the 25th of October last. She had had two children, but no miscarriages, was full-blooded and corpulent, and had enjoyed good health until four months ago, when her courses—regular to that time—ceased, and have not since returned. She has a yellow or semi-jaundiced complexion, tenderness in the region of the liver, gastric derangement, pain in the back extending over the hips, and a tenesmetic, forcing and dragging sensation in the pelvic cavity, which is greatly increased by exercise, rendering walking difficult, and at times nearly impracticable. Formerly, during menstruation, she experienced a sensation of fulness, and had shooting pains in the breasts, and now the areola is brownish and studded with developed follicles.

On examination in the erect position, prolapsus uteri et vesicæ in the first degree was detected. The uterus was anteverted, its body resting on the bladder, and its neck looking backward and downward into the hollow of the sacrum. The os uteri was patulous, and the anterior portion of the neck was more prominent, and the body of the womb more bulky than in the normal condition,—changes which were easily detected by the touch. The bladder was pressed downward by the superincumbent weight of the uterus, so that the basfond, occupying the anterior portion of the vagina, could be felt as a soft yielding tumor behind the pubic bones.

On examination with the speculum, the uterine neck was found to be enlarged and congested; the portion three-eighths of an inch broad surrounding the os uteri being of a bright red color, but the remaining part of the neck of a purplish appearance. The epithelium was no where detached, nor was there any ulceration or granulations to be seen. The anterior lip of the os was enlarged and indurated, which condition with the anteversion rendered it

difficult to bring the parts into the field of vision. An albuminous secretion was hanging from the os uteri, which was patulous, allowing us to observe that the inflammation extended into the cavity of the neck. There was no vaginal leucorrhœa.

Treatment.—Scarification of the os uteri, and the following prescription:—

℞. Mass. pil. hydrarg., 3ss.
Pulv. aloes, gr. viij.
Saponis, gr. iij. M.
Ft. pil. viij.

Sig. Four at bed time and four the following night. The patient to use a vegetable diet.

November 3rd. Symptoms of gastric and hepatic derangement continue unrelieved.

Employed scarification, and prescribed

℞. Hydrarg. chlor. mit.
Pulv. jalap. ā ā gr. x. M.

S. To be taken in the morning fasting.

November 13th. The gastric and hepatic complications were now much less marked. The scarification not having improved the condition of the local disease, nor mitigated the pelvic symptoms, two leeches were applied through the speculum. These bled freely at the time, and for several hours afterward, so much so, that she sensibly felt the loss of blood.

November 22nd. The congestion being much relieved by the leeching, the depletion was accomplished by scarification from this date.

December 3rd. The general health of the patient improving, and the congestion of the uterus disappearing; scarification.

December 10th. Symptoms of slight derangement of the digestive organs have returned. Repeated the prescription of blue mass and aloes, and scarified the os.

December 17th. Scarification.

December 24th. Same treatment.

January 2nd. Scarified; repeated the prescription of blue mass and aloes.

January 10th. The patient's general health is much improved; the bluish color of the neck is replaced by the normal color of the mucous membranes and the inflamed circle around the os has disappeared. The following solution was introduced into the cavity of the uterine neck.

℞. Argenti nitrat. 3j.
Aquæ dest. f℥j. M.

January 16th. Caustic application repeated.

January 24th. Same treatment.

February 7th. Caustic applied. Patient dismissed, cured.

The pain which the patient experienced in the pelvic region was caused by the anteverted uterus resting upon the bladder, this superincumbent weight pressing it downward, so that its ligaments were put upon the stretch, and the basfond, its most sensitive portion, was subjected to constant irritation.

The uterus being a movable organ adapted to a considerable change of position, as is observed in pregnancy, its prolapsus, simply, does not give rise to the same amount of suffering that is present when other pelvic organs are involved in the malposition, as for example the bladder, a fixed organ, bearing the weight of the womb increased to three or four times its natural size, is necessarily the source of great pain from its attachments being put upon the stretch. This, frequently, is the condition of things in uterine congestion; the uterus much congested and anteverted, and both the uterus and bladder forced into the vagina.

The congestion of the uterus in this case was due to the sudden cessation of the menses at the change of life; whereas the decline of this function is usually gradual, thus allowing nature to accommodate itself to this new condition of the system.

More commonly this period is marked by menorrhagia which occurring after the absence of the menses for some months, depletes the local congestion by a natural effort. Whenever congestion, as in this case, occurs at the critical period, it should be relieved, since this state predisposes to morbid growths and malignant diseases, which often take their rise at this age. It will be observed that there was present no constitutional cause for the disease, the patient being in other respects healthy; hence no general remedies were given excepting what were required to correct the hepatic secretion.

Frequently when there is irritation of the uterus, whether from congestion, ulceration, polypus, morbid growths of any kind in the uterine cavity or walls, or pregnancy in the early months, the liver from sympathy has its function disordered. For the same reason a change in the areola of the breast and its mucous follicles takes place in all these conditions.

This change generally is not very marked, and certainly not more in the first or second months of gestation than in the diseased conditions above named. The only treatment was local depletion by leeching and scarification; the former should be used when the congestion is great, particularly when the body of the uterus is implicated; the latter is generally sufficient when the congestion is less marked or reduced by previous leeching, and for all ordinary cases of congestion or ulceration of the uterine neck. Under this treatment, without constitutional remedies, the patient improved, and then the cure was completed by applying the caustic solution to the cavity of the neck where the disease is almost sure to continue in the mucous follicles unless thus removed. This hidden inflammation cannot be radically cured by any other way, and if this precaution is neglected, the disease will most likely return.

Editorial Department.

Reviews and Book Notices.

A Theoretical and Practical Treatise on Midwifery, Including the Diseases of Pregnancy and Parturition, and the Attentions required by the Child from Birth to the Period of Weaning. By P. Cazeau, Member of the Imperial Academy of Medicine, Adjunct Professor in the Faculty of Medicine of Paris, etc., etc., etc. Adopted by the Superior Council of Public Instruction, and placed by ministerial decision in the rank of the Classical Works designed for the use of Midwife Students, in the Maternity Hospital of Paris. *Third American*, translated from the *Sixth French Edition*, by Wm. R. Bullock, M. D. With 140 Illustrations, pp. 971. Philadelphia: Lindsay & Blakiston. 1863. Price $4.00.

We regret that our space does not allow of an extended notice of this valuable work. It is one of the most systematic treatises on the subject of which it treats that we have ever met with. Its plan and scope make it well adapted to the use of the student and the practitioner. The author has availed himself of the writings of his predecessors and cotemporaries of all nations, in his endeavor to produce a book in which he trusts "will be found collected all our knowledge in relation to the obstetric art." He says, "In the science of observation, a new work is necessarily enriched by the labors of all antecedent writers, and therefore its greatest merit consists in

collecting the scattered materials, and forming out of them a body of doctrine which it illustrates in the clearest and simplest manner possible." Such is the end he has endeavored to attain, and it must be admitted he has attained it in a remarkably successful manner.

The following is the plan of the work:

PART I. Treats of the *Female Organs of Generation*. It contains three chapters, one on the pelvis, and two on the organs of generation.

PART II. Treats of *Generation*. Book i., of Conception; Book ii., of Gestation. The chapter on simple uterine pregnancy contains a most elaborate and satisfactory account of the Diagnosis of Pregnancy, its rational and sensible signs, etc., etc. Book iii. treats of the Human Ovum after Fecundation. This subject is elaborately treated of in four chapters, from conception to the fœtus at full term. Book iv. treats of Abnormal Pregnancies in two chapters, viz.: Twin pregnancy and extra uterine pregnancy. Book v. treats of the Pathology of Gestation in four chapters, viz.: Diseases of the pregnant woman, general considerations, displacements of the uterus, abortion, and diseases occurring during pregnancy.

PART III. Treats of *Labor in General*. Book i., of Premature and Retarded Labor; book ii., of Natural Labor at Term, in five chapters, viz.: Causes of Labor, the physiological phenomena of labor, the mechanical phenomena of labor, the necessary attentions to the woman during and after labor, the attentions to the child immediately after its birth.

PART IV. Treats of *Dystocia*. First Division: Causes of Dystocia. Book i. treats of Labors rendered Difficult, Impossible, or Dangerous, by reason of Excessive Action of the Uterine Forces. This book is in two chapters, viz.: Extreme Slowness of Labor, too Rapid Labors. Book ii. treats of Labors rendered Difficult, Impossible, or Dangerous, by obstacles opposing the ready expulsion of the Fœtus. There are five chapters, as follows: Deformities of the pelvis, malformations of the vulva and vagina, tumors in the excavation, obstacles dependent on the neck or body of the womb, obstacles dependent on the fœtus or its appendages. Book iii. treats of the Diseases or accidents that may complicate labor and require the intervention of art. There are five chapters, as follows: Puerperal hemorrhage, puerperal convulsions, ruptures of the uterus, rheumatism of the uterus, certain diseases that may complicate labor. Second Division: Obstetrical Operations. These are treated of in nine chapters, as follows: Version, the forceps, the lever or vectis, premature artificial delivery, the production of abortion, the effect of bleeding and a debilitating regimen upon the development of the child, symphyseotomy, the Cesarean operation, embryotomy.

PART. V. Treats of the *Delivery of the After-birth*.

PART VI. Treats of the *Hygiene of Children*. Book i., of the Alimentation of Children, in three chapters, viz.: Lactation, nursing, general considerations respecting certain points relating to the hygiene of children.

An appendix treats of the use of anæsthetics in obstetrical practice.

The above outline will give a good indication of the system and plan of this excellent work. Each subject is elaborately discussed, in elegant language, and without a redundancy of words. The translator has done his part of the work well; so have the publishers. The book is printed with clear type, on the best of paper, and the illustrations are of the first order. The binding is firm and strong.

If, through our recommendation, any of our subscribers should add this work to their libraries, neither we or they will have any reason to regret it.

The Medical Student's Vade Mecum: A Compendium of Anatomy, Physiology, Chemistry, Poisons, Materia Medica, Pharmacy, Surgery, Obstetrics, Practice of Medicine, Diseases of the Skin, etc., etc. By George Mendenhall, M. D., Professor of Obstetrics and Diseases of Women and Children, in the Medical College of Ohio, M. A. M. A., etc., etc. *Eleventh Edition*, revised and greatly enlarged, with 224 Illustrations. Duodecimo, pp. 692. Philadelphia: Lindsay & Blakiston. 1863. Price $2.00.

This belongs to a class of books which the readers of the Reporter are aware has never found much favor in its columns. We believe their tendency is to encourage superficialism in medical studies. Here we have the practice of medicine and surgery and the collateral branches all condensed into a compass of less than seven hundred duodecimo pages! Of course it is not the intention of the author to have this work supersede more elaborate and complete treatises on the subjects treated upon; but with many there is great danger of that very result. Ignorant, lazy students will be tempted to rely on such manuals as this, to the exclusion of more elaborate works. The ultimate effect is to reduce the science of medicine to the level of a mere art or trade. We cannot, therefore, encourage the circulation of such works.

At the same time we do not deny that there is much information in these manuals, which even the practitioner of medicine might sometimes avail himself of, in order to refresh his memory on certain points when he has not time to examine more elaborate treatises. Certain it is, however, they are not the works resorted to by our best medical students or practitioners.

With those who use this class of works, Mendenhall's *Vade Mecum* has always been a favorite, and its circulation among medical students has been quite large. Its literary qualities are good, and the information given as full and complete as it is possible to condense in so small a space. It is well illustrated and neatly got up, and has, in addition, the recommendations of compactness and cheapness.

Origin of Petroleum.

Dr. J. B. Edwards, in the *Pharmaceutical Journal*, remarks that the flow of oil from mineral springs is by no means new, either to science or commerce. Hedrodotus has recorded that the island of Zante furnished large quantities, while Pliny and Dioscorides describe the oil obtained from Agrigentum, a small town of Sicily. The Persian springs at Bakoum have yielded to the value of 600,000 dollars annually, and the earth oil from Rangoon, in Burmah, has been exported to the extent of 400,000 hogsheads yearly. The streets of Genoa and Amiens were formerly lighted by a petroleum obtained from Parma. In 1847 a spring was discovered in Yorkshire, which was successfully worked by Mr. James Young, of Glasgow, until exhausted, when he turned his attention to the distillation of coal, and discovered paraffine oil. The marvelous oil-springs of the New World, however, far surpass in extent and interest all previous discoveries, and the quantities already yielded, without apparently diminishing the supply, show that this will be a most important article of commerce for some years to come.—*English Paper*.

Poisoning from Chloroform.

An unknown quantity of chloroform was swallowed as a remedy for sleeplessness, and was effectual. The patient was for several hours insensible, as though the anæsthetic had been inhaled. He then recovered his sensibility, but died under the violent re-action which ensued.—*Medical Times and Gazette*.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MAY 9, 1863.

THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF PENNSYLVANIA.

Important changes are taking place this spring in the Faculty of the Medical Department of the University of Pennsylvania. Two of its old pillars are removed, and their places are to be supplied by new ones. The removals have, of course, been voluntary. Those who have resigned are Dr. Samuel Jackson, Professor of the *Institutes of Medicine*, and Dr. Hugh L. Hodge, Professor of *Obstetrics and the Diseases of Women and Children.*

The connection of these gentlemen with this venerable school is historic. They are the last links of the chain that connected the present faculty with the immediate successors of its distinguished founders. Dr. Jackson's connection with the school dates back to 1827, when he was elected Assistant to the Professor of Practice, Institutes, and Clinical Medicine—Dr. Nathaniel Chapman. At that time Dr. Phillip Syng Physick, who had been associated with Dr. Benjamin Rush, one of the original founders of medical teaching in America, was connected with the University. On the 6th of October, 1835, Dr. Jackson was chosen Professor of the Institutes of Medicine, the first time in this country certainly, that this important branch was made a separate chair. This position, Dr. Jackson has continued to fill, with great credit to himself and to the University, to this time—a period of twenty-eight years. His entire connection with the University covers a period of thirty-six years.

The first connection of Dr. Hodge with the University seems to date back to November 14th of the same year, (1835,) when he was elected to the chair that he has just vacated, as successor to the distinguished Dr. W. P. Dewees, who was compelled to resign on account of feeble health. Dr. Hodge distinguished himself greatly as a teacher and practitioner of his branch of medicine, and his connection with the University served, like that of Dr. Jackson, to add greatly to its popularity and prosperity as a medical school.

The places thus left vacant, have been filled by the election of Francis Gurney Smith, M. D., to the Chair of Institutes of Medicine, and of R. A. Penrose, M. D., to that of Obstetrics and Diseases of Women and Children. Both these gentlemen are well and favorably known in this city as teachers in their respective departments. Dr. Smith began his public course as a teacher of Physiology in the Philadelphia Association for Medical Instruction in 1842. This, though not a chartered institution, was quite as successful a school, pecuniarly, as most of the medical schools in the country. He held this position till 1852, when he was elected to fill the Chair of Institutes of Medicine in the Pennsylvania Medical College. He was a very popular and successful lecturer, and retained the position until 1859, when he resigned, soon after which, he was elected one of the attending Physicians of the Pennsylvania Hospital, which position he now holds. Dr. Smith was for some years editor of the Medical Examiner of this city, and he is one of the authors of Neill & Smith's Compendium of Medicine. There are also other publications with which his name is associated.

Dr. Penrose was for many years a popular private lecturer to very large classes on his branch, in the building of the Philadelphia School of Anatomy. There is no doubt that these gentlemen will fill their respective positions in a manner which will be at once a credit to themselves, to the positions, in which they have been preceded by men high in attainment and deserved distinction, and to the venerable seat of medical learning, which has so long stood pre-eminent on this continent.

AN EXPOSITION.

Editor of Med. and Surg. Reporter.—A certain Dr. J. Skillen Houghton advertises gratuitous medical advice on behalf of the "Howard Association," of Philadelphia. In answer to an inquiry from one of my patients, he sends a pamphlet pretending to give a description, &c., of diseases of the genital system, and also freely communicating new remedies (so called) used by their infirmary. Not one of these remedies is to be found in any drug store or botanist's shop, neither does any work on Materia Medica or Botany contain the names so given. In the pamphlet, the remedies spoken of, are offered for sale at an enormous price. Is this a humbug? Verdant.

We are not disposed to give our correspondent credit for as much verdancy as he seems willing to

confess to in the above note. His design is evidently to give us an opportunity to expose a piece of heartless charlatanism, for he states his proposition, demonstrates it, and asks us to prove it!

We are loth to descend into the filth, mire, and pollution of quackery and *such* quackery as is referred to by our correspondent. But it is a part of our vocation. The obstetrician has, at times, very unpleasant duties to perform; the surgeon is under the necessity, occasionally, of thrusting his fingers into very dubious and uninviting cavities, of handling the gangrenous limb—nay, of operating on the reeking ulcer which is the result of indulgence in the most abominable of vices. The physician must encounter the most loathsome and contagious diseases in the most filthy localities, at great personal risk; but they are in the line of their duty, and they do not shrink from its performance.

As a public journalist, it is a part of our duty at times, to sound the note of warning in regard to some forms of quackery. The more's the pity that it should ever be necessary, but "the profession" is an indefinite noun, and represents grades of intelligence, verdancy, and ignorance, that we regret to be compelled to confess to. It would be too much to assume that among the thousands of readers of the Reporter, there were none who needed enlightenment in respect to the lying representations of unscrupulous quacks. It is in this view that we notice the above communication, and not that we think the writer needs light.

Of course, the case specified by our correspondent is a humbug, and an outrageous one, too. The name of a great philanthropist, and of a worthy philanthropic association of New Orleans, have been prostituted to the basest of purposes. We have more than once exposed this wicked attempt to impose on the credulity of the public, and the medical profession owe it to the cause of morality to enlighten the community in regard to the objects it cloaks under so specious a name.

The advertisements of this fellow will be found chiefly in country newspapers. They have appeared at different times, over different names, but their object is the same, viz., to catch the eye of the ignorant and unwary, and deceive them by pretensions to philanthropy, and the possession of remedial means unknown to others. The object, of course, is to make money. A class of complaints is chosen to which the young are especially liable, and which they would rather write than converse about, and inducements held out to apply for advice, and all under the guise of philanthropy! The whole thing is a base deception and fraud. There is no such chartered association, as that named, in Philadelphia, and whatever remedies may be employed by the pretender, who assumes to be the physician of such association, are, we venture to say, very common place, and perhaps, very inert substances.

Let our profession warn the public that *any* one who advertises in the newspapers to cure disease, especially that class of disorders commonly termed "private diseases," gives *prima facie* evidence of incapacity, and the chances are that he is a heartless villain. We trust that some means will be devised before long to narrow the field of operation for this class of pretenders. The loss of life, of character, and the waste of money caused by such pretensions is incredible, and it is a sad comment on the venality of the newspaper press that it is willing to lend itself to the propagation of such lewdness, hypocrisy, and imposition, as is contained in the lying advertisements with which their columns abound.

Notes and Comments.

Foreign Correspondence.

We are just in receipt of some most valuable foreign correspondence, which we hope to commence in our next issue, with the drawings and description of a new apparatus for the treatment of fractures, by Dr. Appia, President of the Medical Society of Geneva, Switzerland.

Our correspondent is Mr. W. N. Côte, from whose unusually valuable communications to the *British American Journal*, we have frequently copied. We are indebted to the courtesy of Dr. Archibald Hall, of Montreal, late editor of that excellent periodical for these communications, who desired to give them the widest circulation possible in America.

We shall take measures to secure a continuance of this correspondence, and as it is probable that Mr. Côte will remain in Europe for at least another year, either in Germany or Edinburgh, we think

we can promise our readers an unusually rich treat in the way of intelligent communications from abroad.

Unfermented Bread.

Those of our readers who have the opportunity of visiting the Unfermented Bread Bakery at the corner of Broad and Buttonwood streets, in this city, and have not availed themselves of it, should do so, and witness the process of—we were going to say *manu*facturing it—but that would hardly be proper, as hands have nothing directly to do with it. The process is a very simple one, easily understood, and a very great improvement over the ordinary plan of making bread. The best flour is used. After being passed through two seives, it is introduced into a globular air-tight vessel; water and salt are then added, the atmospheric air exhausted, and carbonic acid gas forced in. It is then kneaded by machinery, passed into the bake pans without being handled, put into a hot oven as soon as possible, and baked. The advantages of this bread are its purity, wholesomeness, and the absence of a ferment. We have found the bread particularly good for invalids, especially where there is a disposition to flatulence and indigestion. It is used in some of the Government and civic hospitals in this city.

There are similar establishments in New York and Boston, and our readers in those cities would be well repaid by a visit to them.

Longevity.

Philadelphia, though she may not lay claim to being so healthy a city that her citizens have to "go away to die," is undoubtedly one of the healthiest large cities in the world. Her mortality record gives evidence of this. In 1862 it was one in forty-three, or 2.32 per cent. London, whose sanitary condition approaches as nearly to perfection as that of any city in the world, had a mortality in 1860, of 2.27. We doubt whether any other city can beat the following record, taken from the death column of the *Ledger*, a popular daily paper of this city, of March 31st.

	Age.		Age.
Jacob Bergerhauser	71 yrs.	Mary Murray	80 yrs.
Esther Chestnut	74 "	Susan Myretus	91 "
Sam'l H. Crawford	73 "	Catharine Rickner	76 "
Ann Douglass	110 "	Margaret Shaffer	81 "
Sarah Fulmer	106 "	Henry Smith	93 "
Jenny Gledhill	70 "	William Stephens	72 "
John C. Hoffman	71 "	Harriet Sutfin	75 "

Average age of fourteen persons whose deaths were published on a single day, *eighty-one* years!

NOTICE.

The Medical Society of the State of Pennsylvania.

Will hold its Fourteenth Annual Session in Philadelphia, on the second Wednesday, 10th, of June, at 11, A. M.

J. H. Smaltz,
J. M. Stevenson,
Recording Secretaries.

Army and Navy News.

CONGRESSIONAL.

Appropriations.

The Act of Congress, making appropriations for the support of the army for the year ending June 30, 1864, appropriates upward of ten millions of dollars for medical and hospital purposes, without including the salaries of the medical officers. The items are as follows:—

For the Regular Army, three hundred and ninety-three thousand seven hundred dollars:

For medicines, instruments, dressings, and so forth, one hundred and thirty-five thousand dollars.

For hospital stores, bedding, and so forth, one hundred thousand dollars.

For hospital furniture and field equipments, thirty thousand dollars.

For medical books, stationery and printing, eight thousand seven hundred and fifty dollars.

For private physicians and medicines furnished by them, fifty-seven thousand five hundred dollars.

For ice, fruits, and other comforts, under Acts of August 3d, 1861, and July 5th, 1862, twenty thousand dollars.

For citizen nurses, under Act of July 5th, 1862, four thousand dollars.

For hospital clothing, fifteen thousand dollars.

For care of sick soldiers in private hospitals, eighteen thousand five hundred dollars.

For artificial limbs for soldiers and seamen, five thousand dollars.

For the Volunteer Army, nine million three hundred and ninety-five thousand dollars:

For medicines, instruments, dressings, and so forth, four millions of dollars.

For hospital stores, bedding, and so forth, three million five hundred thousand dollars.

For hospital furniture and field equipments, one million dollars.

For medical books, stationery and printing, one hundred thousand dollars.

For private physicians and medicines furnished by them, four hundred thousand dollars.

For ice, fruits, and other comforts, under Acts of August 3d, 1861, and July 5th, 1862, one hundred and seventy thousand dollars.

For citizen nurses, under Act of July 5th, 1862, one hundred thousand dollars.

For hospital clothing, eighty thousand dollors.

For artificial limbs for soldiers and seamen, forty-five thousand dollars.

Miscellaneous, fifty-six thousand five hundred dollars:

For the army medical museum, five thousand dollars.

For medicines and medical attendance for negro refugees, (commonly called contrabands,) fifty thousand dollars.

For continuing meteorological observations and tabulating the same, under the direction of the Surgeon-General, for the Regular Army, five hundred dollars.

For continuing meteorological observations, and tabulating the same, under the direction of the Surgeon-General, for the Volunteers, one thousand dollars.

There is also an item of two hundred and seventy-five thousand dollars for expenses of recruiting and transportation of recruits, which includes compensation to citizen surgeons for medical attendance.

Orders.

Medical Inspector Summers has been ordered to report for duty to Assistant Surgeon-General Wood, at St. Louis.

Dismissed.

Surgeon JAMES F. HOFFMAN, of the 105th Pennsylvania Volunteers; Assistant Surgeon JOHN W. GOODSON, 72d Ohio Volunteers; Assistant Surgeon JAMES C. BASSETT, 9th Massachusetts Volunteers.

THE HEALTH OF THE ARMY.

Important Report of Surgeon Woodward to Surgeon-General Hammond.

(Continued from page 14.)

The following statistical summary is compiled from reports which represent an annual mean strength of 281,660 men—the largest force represented in any one month being in April, 1862, in which the reports are from a mean strength of 398,626 men.

From this annual mean strength of 218,660 men, 80,081 cases of disease, and 18,434 deaths are reported, exclusive of those killed in battle, being in the ratio of 3,124 cases and 65 deaths per 1,000 of mean strength.

At first sight the number of cases will appear to many to be prodigious, and the number of deaths disproportionately small. The figures will, however, be perhaps appreciated by comparing them with the results obtained by Medical Inspector COOLIDGE, U. S. A., in his published statistical reports of the United States Army for eighteen years, from 1840 to 1852 inclusive, but excluding the years 1847 and 1848, for which statistics were not compiled, on account of the confusion of the Mexican war. During this period the average annual ratio was 2,886 cases and 26 deaths per 1,000 of mean strength. It will thus be perceived that during the exposures of the present struggle the total proportional number of cases of disease has been considerably increased, but that the increased gravity of these disorders, as indicated by the greater mortality, is much more considerable. The ratio of sickness per thousand of mean strength having increased eleven per cent., while the ratio of mortality per thousand of mean strength has increased 250 per cent.

An examination of the appended statistical table shows the prominent diseases from which our troops have suffered have been *camp fevers*, of which, under the several heads of typhus and typhoid, common, continued and remittent fevers, 74,770 cases and 5,116 deaths have been reported. *Intermittent fevers*, of which 73,002 cases and 425 deaths are recorded. Under the heads of *diarrhœa* and *dysentery* 215,632 cases and 1,128 deaths. *Catarrh affections* of the respiratory organs, 125,290 cases and 138 deaths reported under the several heads of catarrhas, catarrhs epidemica, bronchita acuta and bronchitas chronica, to which group may be added 11,067 cases and 2,015 deaths from pneumonia; and rheumatic affections, of which 44,782 cases and 48 deaths are reported under the head of rheumatism acutus, rheumatism chronica and lumbago.

A large number of cases of *measles* are also reported, (21,671,) and it is probable that the real proportion of cases was much greater, as very many regiments are known to have suffered from the affection prior to being mustered into the service of the United States, in which case, as a general rule, no statistical report would be received at this office.

It would be premature at the present time to make any detailed remarks with regard to the peculiarities presented by these affections. It may, however, be interesting to state in a general way that all these diseases, but especially the camp fevers, the diarrhœa, and the dysentery, have been much less fatal than similar diseases have favored to the great European armies in time of war.

The same is true of the total mortality from all causes exclusive of the killed in action. It is doubted whether the armies of any European nation actually engaged in warfare, have ever presented so small a proportionate mortality as we have been favored with.

One important cause of these fortunate results is to be found in the comparative immunity from scurvy which our troops have enjoyed. It will be perceived that only 1,322 cases and eight deaths from scurvy have been reported, being in the proportion of but five cases per thousand of mean strength, and but one death to 35,000 of mean strength.

It is true that communications received from many medical officers would induce belief in the scorbutic disposition influencing the prevailing types of disease to a much greater extent than these figures would indicate. Yet the fact that so small a number of cases have presented the symptoms of scurvy in a sufficiently marked manner to justify the Surgeon in calling them by that name, is believed to be a favorable circumstance without parallel in the history of armies.

In estimating the actual mortality produced by the war, however, it is only fair to add to these satisfactory considerations the statement that the liberal freedom with which discharges have been granted to sick and disabled soldiers has no doubt sent home many incurable patients, who would, in other armies, have swelled the mortality rates. The number of deaths which have occurred among this class of cases subsequently to their discharge from the service of the United States, cannot of course be ascertained from any official records, and it is doubtful whether it can even be satisfactorily approximated.

I have the honor to be very respectfully,
Your obedient servant,
[Signed] J. J. WOODWARD,
Assistant Surgeon, U. S. A.

News and Miscellany.

Pension Examining Surgeons.

Pennsylvania.—Dr. D. V. STRANAHAN, Warren, C. H.

New York.—Drs. ALEXIS H. CRITTENDEN, Bath; CHARLES O. T. GILMAN, Salem; PHILANDER STEWART, Peekskill.

Massachusetts.—Dr. ALONZO CHAPIN, Winchester.

Connecticut.—Dr. B. N. CUMMINGS, New Britain.

New Jersey.—Dr. L. F. FISLER, Camelen.

Maryland.—Dr. C. H. OHR, Cumberland.

Wisconsin.—Dr. JOHN H. VIVIAN, Marshal Point.

Iowa.—Dr. P. MCCLAVEN, Burlington.

Hospital Inspection.

Medical Inspector BARNES has returned to Washington from an inspection of the hospitals at Fortress Monroe, Norfolk and Suffolk.

Medical Inspector LYMAN reports to the Surgeon-General that the hospitals in New York are in excellent condition.

Deceased Rebel Prisoners.

The Medical Department statistics show the number of rebel prisoners who have died in Union hospitals since the commencement of the war, to be over five thousand.

Surgeons in General Rosecrans's Army.

It is stated that there are between five and six hundred surgeons in the Army of the Cumberland, commanded by General Rosecrans.

Answers to Correspondents.

DR. E. B., NEW JERSEY.—We would recommend you to purchase Woodward's Student's Microscope; price, $8. For a treatise to accompany the instrument, we would advise you to have that by Carpenter at $4, or one by Hogg at $2.

MARRIED.

Kreider—Walter.—On the 7th instant, by the Rev. N. Gehr, Dr. C. L. Kreider, of Lebanon, Pa., and Miss Caroline L. Walter, of Philadelphia.

Millington—Swift.—On Thursday evening, the 9th inst., in this city, by Rev. L. B. Hughes, Dr. George W. Millington, of Chester county, Pa., and Miss Hettie E. Swift, of Lancaster county, Pa.

Taylor—Peters.—At Trinity Chapel, N. Y., on Monday, April 6, by Rev. Morgan Dix, James T. Taylor, M.D., of Louisville, Ky., and Helen F., youngest daughter of the late John R. Peters, Esq.

Wright—Delafield.—At the Church of the Ascension, N. Y., on Tuesday, April 7, by Rev. J. Cotton Smith, D.D., Edward M. Wright and Catharine Floyd Delafield, daughter of Edward Delafield, M.D., all of this city.

DIED.

Burns.—Robert Burns, Jr., elder son of Dr. Robert Burns, of Frankford Pa., on Monday morning, April 6th, 1863, aged 22 years and 5 months.

Burton.—On the 10th inst., in Bucks county, Pa., William Burton, M.D., in the 72d year of his age.

Cock.—In New York, on Tuesday, April 7, Ann Augusta, wife of Dr. Thomas F. Cock, and daughter of Dr. Isaac Wood, in the 43d year of her age.

Crittenden.—In Dover, N. J., on Monday, April 6, Mrs. Harriet Crittenden, relict of the late Dr. Ira Crittenden, in her 71st year.

Reynolds.—In Brooklyn, N. Y., on the evening of the 7th inst., Dr. R. Bruce Reynolds, in the 28th year of his age.

VITAL STATISTICS.

	Philadelphia. Week ending May 2.	New York. Week ending April 25.	Boston. Week ending April 25.
Population in 1860	565,529	805,651	177,812
Thermometer.			
Highest	.....	.....	.....
Lowest	.....	38	.....
Mean	.....	46.5	.....
Barometer.			
Mean	.....	.....	.....
Mortality.			
Male	165	280	44
Female	142	237	46
Adults	144	227	.....
Under 15 years	144	.....	.....
Under 2 years	88	.....	.....
Total	300	517	90
Deaths in 100,000	53.04	64.17	50.61
American	227	352	.....
Foreign	58	223	.....
Negro	16	8	.....
I.—Zymotic Diseases.			
Cholera, Asiatic	...	...	...
Cholera Infantum	...	1	...
Cholera Morbus	...	...	...
Croup	5	13	5
Diarrhœa	5	4	...
Diphtheria	5	23	2
Dysentery	1	4	...
Erysipelas	3	4	1
Fever, Intermittent	...	...	...
Fever, Remittent	1	...	...
Fever, Scarlet	11	24	3
Fever, Typhoid	12	10	...
Fever, Typhus	3	11	...
Fever, Yellow	...	...	...
Hooping-cough	1	...	2
Influenza	...	...	...
Measles	4	9	...
Small Pox	8	...	...
Syphilis	...	...	...
Thrush	...	...	...
II.—Sporadic Diseases.			
Albuminuria	...	...	...
Apoplexy	2	11	...
Consumption	44	74	23
Convulsions	11	43	...
Dropsy	16	26	3
Gun-shot Wounds	...	...	...
Intemperance	2	...	1
Marasmus	4	18	1
Pleurisy	...	...	...
Pneumonia	11	...	3
Puerperal Fever	2	...	...
Scrofula	...	...	1
Violence	...	41	...

MEDICAL DIRECTORY.

Pennsylvania Hospital, Eighth, below Spruce. Entrance on Eighth Street.

Medical Clinic on Wednesdays and Saturdays, at 10 A.M., by Dr. F. Gurney Smith.

Surgical do., at 11 A.M., by Dr. Joseph Pancoast.

Medical Library of the Pennsylvania Hospital.—Open on Wednesdays and Saturdays.

Philadelphia Hospital, (Almshouse).—Medical Clinic on Wednesdays and Saturdays at 9½ A.M, by Dr. J. L. Ludlow.

Surgical do. at 10½ A.M., by Dr. D. H. Agnew.

Wills Hospital for the Eye and Limb.—Clinics, Wednesdays and Saturdays, at 11 A.M., by Dr. S. Littell.

Howard Hospital, Lombard Street, between Fifteenth and Sixteenth.

Clinical Lectures daily, at 12 M., 1 and 5 P.M. Monday and Thursday—Dr. Turnbull, at 1 P.M. Tuesday and Friday—Dr. Darrach, at 12 M.; Dr. Klapp, at 5 P.M. Wednesday and Saturday—Dr. Neff, at 12; Dr. Tryon, at 1; and Dr. Morehouse, at 5 P.M. Monday and Thursday—Dr. Meigs, at 5 P.M. Tuesday and Friday—Dr. Atkinson, at 3½ P.M.

University of Pennsylvania, Ninth, above Chestnut.

Surgical Clinics on Wednesdays and Saturdays, at 12½ M.

Jefferson Medical College, Tenth, above Walnut.

Clinics on Wednesdays and Saturdays, at 12½ M.

Philadelphia Lying-in Charity.—Clinic for diseases of females, at "Nurse's Home," S. W. corner Eleventh and Cherry, every Wednesday and Saturday morning, at 9 o'clock by Dr. Edwin Scholfield.

Communications Received, for week ending April 15th, 1863—(The asterisk * indicates a cash enclosure.)—*Connecticut;*—Dr. W S C Perkins, N M Tribou, 2: *Delaware;*—Dr. E Worrel*: *District of Columbia;*—Dr. W J Craigen: *Illinois;*—Drs. H R Guthrie*, M Shepherd*: *Indiana;*—Dr. D Clark: *Iowa;*—Drs. S K. Faulkner, J H Smith, J H Russell*: *Maine;*—Drs. W C Chamberlin*, K Wright: *Maryland;*—Dr. J W Emory*: *Michigan;*—Drs. M L Meads, G Ferguson*, L Davenport*: *Missouri;*—Mr. H P Throop: *New Jersey;*—J S Cramer, W E Whitehead, D B Trimble, J R Stevenson*, C Hodge*, D P Vail*, J G Lindgren*, J L Taylor*, J H Wickoff*, L Hatton*, L Jameson*, D Pugh*, J H Smith*, E J Records*, H S Desanges*, E Byington, C R Holmes*, H S Clow*, G R Bartholemew*, J H Warren*, W I Lytle*, S Gulie*, L Wilbur*, F Gauntt, Mr. J R Smith*: *New York;*—Drs. J Swinburne*, B Goodyear*, A R Morgan, M E Winchell, F Wylie*, J D Hopkins, T B Smith*, W D Wood; Messrs. W A Townsend, J Herald*, Wylie & Knevals: *Ohio;*—Drs. A C McLaughlin, H Senseman, H Judy*, M L Wilson, J Dever*, S H Farrington*, F Carter*: *Pennsylvania;*—Drs. C P Tutt, Wallace, F J Kern*, E Brobst*, J E Miller*, G F Horton*: *Wisconsin;*—Dr. P W Chase. Office Payments:—Drs. Levi, Dr. Stein for Dr. Bower, McClenachan, Schume, Comfort, Yeager, Stout.

Communications Received, for week ending April 22d, 1863—(The asterisk * indicates a cash enclosure):—*Connecticut;*—Dr. N M Tribou: *Dist. of Columbia;*—Drs. J E Herbst*, J B Morrisson, E Cones, A Burt: *Iowa;*—Dr. Ealy: *Kentucky;*—Dr. D Johnson: *Maine;*—Dr. B Bussey: *Massachusetts;*—Drs. C Cullis, J E Packard*, E S Willard*, H H Pillsbury, V L Owen*: *Michigan;*—Drs. B. Hesse, J Anderson*, C H Sackrider*: *Missouri;*—Dr. I W Ford: *New Hampshire;*—Dr. O A Woodbury: *New Jersey;*—Drs. R S Smith, D P Vail, M L Hofford, J Grimes*, J Cook*, S S Clark 2*, P H Grier: *New York;*—Drs. J Swinburne, D D L Sheldon, W F Carter, F B Abbott, H E Crampton, J Vedder*, L Bauer, G S Bedford, S C Wait: *Ohio;*—Drs. J T Mackall*, T N Lewis*, H Earle*, W Protzman, T N Lewis*, W K Crellin, J Beebont*: *Pennsylvania;*—Drs. J M Dunlap*, A S Laubach*, P M Collins, J H Keeler*, H S Jacoby*, G Ellis, J H Roberts*: *Virginia;*—Dr. H Fearn*: *Wisconsin;*—Dr. A E Smith.* Office Payments:—Drs. Rosenberger, Yarrow, Kendig, Snively, Norris, Poley.

Communications Received, for the week ending April 29, 1863.—(The asterisk * indicates a cash enclosure):—*Connecticut;*—Dr. R P Tracy*: *District of Columbia;*—Dr. A W Randall: *Illinois;*—Dr. M M Landon*: *Indiana;*—Drs. Robbins & Clark*: *Maine;*—Dr. A Danforth*: *Massachusetts;*—Drs. H H Pillsbury, V L Owen*: *Michigan;*—Dr. A Frank: *New Jersey;*—Drs. P McCaffry*, G J Janeway*, J Greenbank*, S K Rich*, L Brawn*, P H Grier*, C M Zehkey*, S K Rich*, C S Haley*, D E Gardiner*, E B Silver*, A Coles*, J A Nichols*, R J Brumagim*, F Gauntt, M H C Vail, Mr. J R Smith: *New York;*—Drs. E N Chapman, C A Redmond*, H Lowenstein, G S Bedford, I H Abell, S B Smith, E Weber, H P Ely*, C Lellman*, J S Fitch*, P Vanburen*, E Guernsey*, A Leon*, J K Andrew*, H Sheppard*, A Hedges*, J Galvan*, W C Livingston*, C A Budd*, W A Weir*, B Duggan*, B J Raphael*, J Lewi*, O H Smith*, Mr. S D Allen*: *Ohio;*—Drs. E B Lee, A E Jenner, J F Capell, M Mitchell*: *Pennsylvania;*—Drs. H W Simons, C Baelz, J K Hertz, R A Given, E Harvey, J R Bucher, H C Wood, G E Chambers, H M Raker: *Virginia;*—Dr. J D Knight, J T Calhoun, W C Todd: Office Payments.—Drs. Montgomery, Ely, and Carlisle.

THE

MEDICAL AND SURGICAL REPORTER.

No. 339.] PHILADELPHIA, MAY 16, 1863. [Vol. X.—No. 3.

Original Department.

Communications.

A NEW FRACTURE APPARATUS.

By Dr. Appia,
President of the Medical Society of Geneva.
By W. N. Côte.
(From our Foreign Correspondence.)

Preliminary Remarks.

According to statistics carefully made up, and the discussions Dr. Appia has gone through in his work, entitled the "Le Chirurgien à l'Ambulance," the field of battle is destined to see the number of immediate amputations increase rather than diminish. The consequences of such a surgical system are very apparent in increasing the number of mutilations and adding to the number of useless, or nearly useless, members of society, and involving expense for the necessary support of an army of invalids. Thus a matter, at first purely surgical, touches on questions of more general public interest. In the face of this serious question, whether, in the first place, to preserve some limbs, but to lose many lives; or, in the second, to save a greater number of lives, but to make many invalids; the surgeon naturally asks, if art cannot afford some means of lessening the one danger without increasing the other. Following the progress of surgery in gunshot wounds, the point to which the surgeon ought to turn his serious attention is the *application* of the first dressing to the fractured limb, intended to keep the ends from rubbing during removal. Two modes of dressing will be described; first, the plaster of Paris and dextrine; and, second, the application of a special dressing of Dr. Appia's own invention. The first, as is well known, consists of strips of linen, dipped in a solution of plaster, bound rapidly round the limb; it forms in drying a sort of unyielding shell, in which the limb is firmly imbedded. Here are some of the principal rules pointing out, as briefly as possible, the manner of using the dressing. The plaster ought to be pulverized, well calcined, and of a middling whiteness, rather than brilliant white—it should be mixed, adding water until it is of the consistence of cream. In this state it solidifies in from five to seven minutes. It is better at first to put too much water than too much plaster. Through this mixture are passed strips of linen of from one and a half to twice the circumference of the limb; it is then wrapped round the limb, and the layers repeated two or three times or more, but not oftener than six, so as to avoid too great a weight. The bandages are to be applied directly on the skin, which had first been smeared over with oil.

A surgeon, with the aid of three experienced hospital assistants, can apply such a dressing as this in ten minutes. It ought to have openings through which the surgeon can observe the progress of the wound and apply the requisite remedies. These openings are usually made in the following manner: A string dipped in oil is placed round the wound in a circle, and the plastered bandages placed carefully over this. When the removal has been effected, and it is desirable to open the dressing, this can be done by cutting the bandages within the circle of the cords with a pair of strong scissors, made for the purpose, in the shape of a gardener's shears. Care must be taken to include the joints immediately below and above. The limb should be placed in an intermediate state, neither too much bent nor quite stretched out; the latter is much the more convenient for removal, but the patient cannot always bear it. The plaster dressing, although intended for fractures of the limbs is also applicable to wounds in other parts of the body, such as fractures of the jaw, wounds of the pelvis, etc.

The advantages of these dressings are—in the first place, cheapness; second, the facility with which plaster can be procured any where; third, the rapidity with which it can be applied; fourth, firmness, and the safeguard it affords against jolts and shaking during removal; fifth, porosity, which serves to absorb liquids. On the other hand, the inconveniences of the dressings are—first, its weight; and, in the second place, the difficulty, often very great, of opening it without shaking the limb, which is always prejudical to reunion.

The moveable-immoveable apparatus of Sentin is on the same principle as the plaster dressing-

It consists of a starch bandage applied to the limb, then cut in two shells, which having been placed on the body, take its form, and can be reapplied at will. This dressing may also have openings, which, however, are not so necessary as in the former method; the dressing being divided into two moveable portions. The apparatus of Sentin is lighter than the plaster, and the scissors cut it more easily; but, on the other hand, it is not so thick, and offers less resistance to outward shocks. Besides this, it is much easier to find gypsum than starch at one's disposal in the field, and the latter takes longer time to harden. The apparatus of Sentin is, therefore, better adapted for stationary treatment, while the plaster dressing does best for cases of removal. It must be confessed, however, that the starch dressing possesses some great advantages in the treatment of comminuted fractures by gunshot wounds. The union of these depending, in a great measure, on the immobility of the limb, it is obvious that the advantages must be great of an apparatus moulded upon it, fitting perfectly, and offering sufficient resistance to prevent any flexion of the limb. Impressed with the danger to reunion, of transport under disadvantageous circumstances, Dr. Appia had invented, that it might be tried in the Italian war, an apparatus for fractures, which he now submits to the opinion of surgeons.

After having been tried in the army of Italy, this apparatus was introduced into the military hospitals of Paris and Turin, and into the Spanish army, and it might be found useful in the present American campaign.

The figures have been furnished me by Dr. Appia, to whose kindness I am indebted for all necessary information respecting his apparatus and the manner in which it must be used.

Description of Apparatus.

This new apparatus consists of a number of splints and vulcanized India rubber air cushions, (figure 1, *a, b, c.*) The cushions are joined together, and form one whole. At the extreme end of each cushion, or pair of cushions, there is a plug for inflating them, (*d, e.*) The splints, to the number of five, are bound in strong canvass, which serves as a covering to the cushions, (fig. 2.) Dr. Appia preferred five splints to three, the usual number, that it may entirely surround the limb, and thus insure more entire immobility during the removal. The apparatus varies in the size and number of cushions. In the simplest there are four cushions, about one foot and a half in length and five inches in breadth, inflated by two plugs, and five splints of the smallest size, with three straps.

This very simple form is intended *especially* for wounds of the knee, the leg, and the foot. The other more complicated apparatus which I am about to describe, was the object of Dr. Appia's most careful study. It is intended for fractures of the thigh and for complicated wounds of the knee. Here the cushions must be six or eight in number, longer and narrower than the former, about two feet in length to two inches in breadth—they may be inflated by either of the plugs. There are five straps. But what particularly distinguishes this apparatus from the other is the long splint, (fig. 3.) It is composed of several pieces, to admit of its extension, and yet form as firm a support as if they were all one piece of wood. The splint is composed of two half splints and of a sole for the support of the foot, (*a, b, c,*) the two halves joined together by two smooth brass rings, can slide over each other without losing their respective directions. Upon the back of one of the boards is a series of notches, (fig. 4, *a, b, c,*) into which fastens a spring or hook, fixed at the end of the other board. A very simple mechanism thus affords a firm and gradual lengthening, both being effected by simply drawing out the splint. The foot-piece is fastened to the lower board by means of a lateral hinge, which being firmer than an ordinary one, allows at the same time of the sole being brought down entirely, (fig. 5, *a.*) Two brass supports, fixed laterally, (fig. 3, *f, g,*) can then be detached, go into the openings formed by a metal plate, and slide into them without any difficulty, (*i, k*)—they are stopped by a screw. The sole is, besides, furnished with canvass straps, intended to keep the foot firm, and which are buckled on the lower surface of the boards, so as to avoid all painful pressure on the foot. A longer stirrup, placed at the upper end of the splint, fastens it to the body. When this apparatus has been used, it is easy to shorten the long splint by folding it up to the other simple splints same in thickness, which must necessarily be double, (fig. 6.)

Application,

On a healthy body wounded in the thigh.

1. The person is laid in the horizontal position. 2. The dressing is quickly opened, and spread out smoothly by the side of the thigh supposed to be wounded. 3. The long splint is drawn out in both directions to its utmost length without withdrawing it from the canvass sheath in which it is enclosed. 4. The wooden sole is lowered horizontally. 5. The whole apparatus is passed under the injured limb, so that the sole may be properly fitted to the foot, which is firmly fastened by means of the leather strap. 6. The upper end of the splint is fastened to the pelvis by the long strap. 7. After the long splint has been thus firmly applied to the limb, the assistant must stoop down and

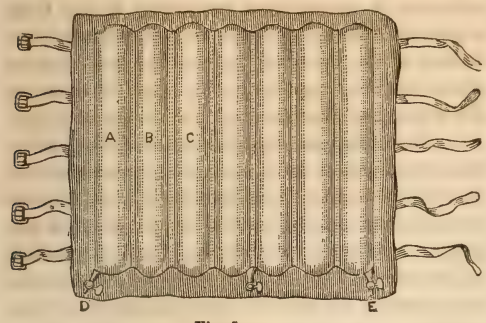


Fig. 1.

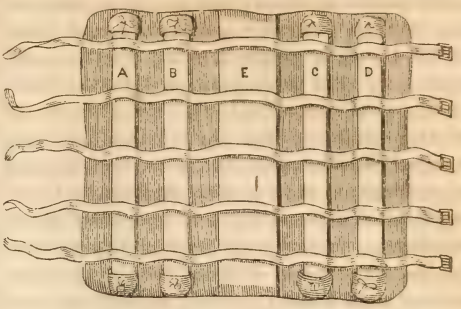


Fig. 2.

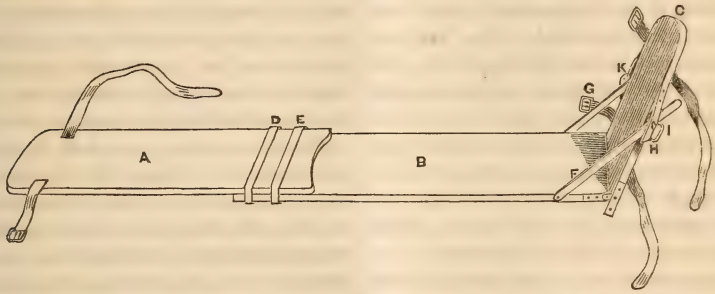


Fig. 3.

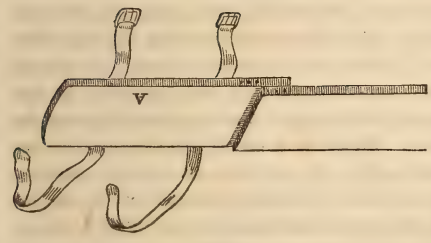


Fig. 4.

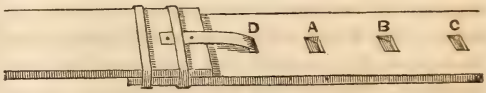


Fig. 5.

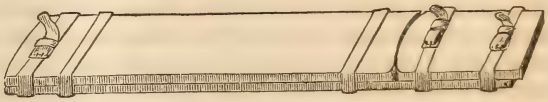


Fig. 6.

inflate the cushions successively by the plugs. This requires strength, and some degree of perseverance. 8. The whole apparatus is then drawn completely round the limb, taking care that the cushions meet in front, and all firmly fastened together by five straps; in doing so, making use of the support of the left knee. This is the time when the buckles are put to the test. 9. Finally, the sound limb is firmly fastened to the wounded one. Experience has curiously enough proved how entirely the leg is secured in this apparatus from any shocks from without. One may even sit down upon it violently when fixed and buckled up, without the leg experiencing any thing beyond a slight increase of pressure. All shocks from without spread immediately, by the law of undulations, through all the cushions, and produce only a trifling direct effect.

Subsequent experience will decide what amount of general use this apparatus merits. It does not pretend to take the place of the starch and plaster dressing, which are much less expensive; but it is superior to these from its much greater suppleness, and can also be used as long as the cushions are not injured or torn.

ROUGH NOTES

Of an Army Surgeon's Experience, during the Great Rebellion.

By J. Theodore Calhoun,

Surgeon, 5th Regiment, Excelsior Brigade, N. Y. V.

No. 17.

The Seven Days' Battle before Richmond.

[This article should have appeared some weeks since, but failed to come to hand, and a duplicate had to be sent. Though a little out of time it will be found to be full of interest.—Editor Med. & Surg. Rep.]

The retreat of the Union army, from the advanced line before Richmond to James river, near Harrison's Landing, will be ever remembered as one of the grandest of military triumphs. A small army scattered along a lengthy line, with its troops enervated by the fatigue, the exposure, the poor food, the constant alarms of the month previous; encumbered with an immense wagon train, and with a seige train of heavy guns; re-

treated before an enemy immensely superior in force, through a country unknown to our army and filled with a people hostile, deceptive and treacherous. For seven long days did that band of veterans slowly retreat, carrying every thing with them, and day after day did they beat back the eagerly advancing legions of the haughty and self-confident foe, until on Malvern Hills the Union army stood at bay and the confident hosts of the Confederates, flushed with their anticipated victory and sanguine of success, closed round the remnants of the army of the Potomac and once more gave battle. In solid column they advanced while the artillery of the Union army swept them away like chaff before the wind. The Northron was at bay at last, and not all the impetuosity and self-confidence of the Southron could overpower him. Midnight saw the proud army of the Confederacy in full retreat—broken up, disorganized, defeated, as they never have been before or since; and our own army, quietly and without the show of a pursuit, withdrew and took up an advantageous position on the banks of the James.

During this retreat most of our wounded were left, as prisoners, in the hands of the enemy, and numbers of surgeons remained to take care of them. The Medical Department of the army has been severely assailed for not removing the wounded. That it has been so assailed shows how prone some are to display their ignorance by attempting to criticise that which they know little about. We were at that time, it is true, most lamentably deficient in ambulance transportation, but even had we been fully supplied the necessities of the case would have compelled us to leave the wounded.

The grand object to be accomplished by the retreat, or change of base, was to save the Union army from annihilation or capture. That was of paramount importance, and to it all other objects were but secondary. To save its artillery and supply train various stands were made against the enemy, as at Peach Orchard, Savages, White Oak Swamp, Glendale and Malvern Hill. At each of these fields we had many wounded, and had the army retained the fields after the battle, we could easily have removed them; but we were retreating. Immediately after an action our men left the field and the enemy occupied it. To have sent our ambulances on the field then, would have been to deliver them into the hands of the enemy. While an action was in progress the roads leading to it were filled by masses of our troops supporting those engaged, or were kept clear for our artillery, and ambulances could not then be used without endangering the loss of the field.

In fact it was an impossibility to have removed the wounded, no matter what ambulance system had been in use or how completely it had been organized. The safety of the army necessitated the leaving of the wounded on the field, and medical officers without number, with that disregard of self which has characterized the American physician alike in the pest-ridden city and on the battle-field, remained to be half-starved, to be insulted, deprived of liberty, thrust into the filth and vermin of the Libby prison, or ordered on duty in the gangrene-poisoned wards of the so-called hospitals of Richmond, and to receive in return therefor the slanders of all the penny-a-liners of the northern press, who in their cushioned chairs and comfortable rooms, far out of the reach of shot and shell, and with no apprehension of the approach of a "grey-back," flippantly discourse upon the "inefficiency of the Medical Department of the Army and the utter neglect of the wounded."

Was there not a great deal of suffering among our wounded?" asks the sympathetic reader. There certainly was, and as long as war exists—as long as minie balls, round shot and shell, canister and grape, are hurled at men with all the explosive force of confined gunpowder—as long as men will shoot and cut and maim one another, so long will each battle-field bring with it a train of suffering. It is what a soldier must expect—does expect. It is a risk he runs, a hazard he takes. He is but one molecule in a vast machine. To the safety and well-being of that machine he may be sacrificed. Suffering is one of the unavoidable results of battle. To prevent *unnecessary suffering* is the province of the surgeon, and to this end he should, if occasion requires, sacrifice every thought of self, and if necessary, should devote to it his every energy, his greatest talent, and even his life itself. Speaking of my own division, I think I can say, that instances of unnecessary suffering have been extremely rare, if indeed they have ever occurred.

As I have before stated, both armies retreated from Malvern. Many of our wounded were brought away, and many of the slightly wounded came of themselves. The retreat was made during a furious rain storm. The roads were horrible, and few of the regiments kept up any show of organization.

Tobacco in England.

An idea of the smoking and drinking propensities of England may be formed from parliamentary returns just issued. The tobacco duties last year produced £5,714,448; only £157,708 being paid on manufactured tobacco and snuff. The duty on spirits for the same period amounted to £6,201,243, and the wine duty to £1,123,655. Independent of the Excise duty on malt, or the license for the sale of beer, we have a total of £13,039,226 of taxation from smoking and drinking.

THE PRE-TUBERCULAR STAGE OF PULMONARY TUBERCULOSIS.

By A. P. Dutcher, M. D.,
Of Enon Valley, Pennsylvania.

PART II.
Physical Signs.

These are not so pronounced as the general symptoms. Indeed, it is a question with some, whether there are any such signs. Dr. Edward Smith, of London, who has done much to advance our knowledge of phthisis, maintains that there are some physical signs, which are quite indicative of this stage of the disease. In his new work, —"*Consumption, its Early and Remedial Stage.*" He tells us that in this early stage of phthisis, before even a single tubercle is deposited in the lungs, inspection shows a marked diminution in the movements of the chest. That this diminution is not confined to the summit or side of the chest, but extends to all the movements of respiration. By this condition of the lungs the amount of air inspired is greatly lessened; hence the respiratory murmurs are more feeble. He considers that a diagnostic character of the weakened murmur which precedes tubercular deposits, as compared with the weakness caused by general debility, consists in the fact that, in the latter case, the normal intensity of the murmur is brought out by breathing, while it is otherwise in the former case.

Dr. Lawson, takes very nearly the same view of this matter as Dr. Smith. "The condition of the chest," he says, "in this stage appears to be one of debility of the moving powers of the parietes, and consequently the movements are restricted and dilation becomes comparatively incomplete; hence inspection during tranquil respiration, reveals limited expansion, *extending equally to both sides.* The distinctions between this condition and those which occur in tubercular deposits are very marked and characteristic, and can leave no doubt as to the state of the parts. Thus, the diminished movements of the precursory stage are equal on the two sides, and exhibit merely *restricted action*, and not *change of character*, the expansions being sufficiently uniform, although restricted. In ordinary tranquil respiration in this stage the expansion is comparatively small, and the movement proportionally less at the apex than the base, but a full inspiration restores, almost perfectly, the harmony of the movement, the dilation taking place gradually from below upward, the ribs swelling outward, as in the physiological state. Forcible inspiration, therefore, restores the diminished expansion; and herein consists the especial difference between the movements in this state and that which occurs after tubercles have been deposited. In the latter condition, the expansion of the apex cannot be restored even by forcible inspiration, nor is the action of that physiological type which exhibits a gradual swelling from below upward."*

Dr. Austin Flint, who we regard as very good authority on all questions pertaining to percussion and auscultation, has very little confidence in these signs, as means of diagnosticating phthisis at this early stage. In an article published in the January number of the *American Journal of the Medical Sciences* for 1863, page 93, reviewing Dr. Smith's book, he says, "Diminished respiratory movements, lessened vital capacity, and enfeebled respiratory murmurs, express deviations, not from any fixed normal standard applicable to all healthy persons, but to a standard of health proper to each individual. There is a wide variation in these among different individuals in health. All who have given attention to examination of healthy chests must be aware of this fact. To be able to judge any case, with respect to these signs, we must know the healthy standard in the person examined. This knowledge, we seldom have, because persons in health do not present themselves for examination. The difficulty would not be nearly so great if the signs which have been mentioned were confined to a portion of the chest; we should then have the advantage of a comparison of the two sides. We confess we are unable to understand how the author can come to a conclusion respecting a general diminution of the breathing movements, of the amount of inspired air, and of the respiratory murmur, in individual cases, unless it have so happened that he is familiar with the patient's condition in these respects when in health."

In a case like this where writers differ so widely in opinion, it is difficult to determine which is the true one. The only way that we can arrive at the truth, is to submit the whole matter to the test of practical observation. I am not aware that any one has yet done this. I do not, perhaps, regard Dr. Smith's opinion on this subject as highly as I ought, from the fact that he seeks to make use of it, with a view to overthrow the present received doctrine of the origin of pulmonary tuberculosis. He considers these lessened respiratory movements something more than a physical sign of approaching tubercular deposits. He more than intimates that phthisis is a local disease originating in the feeble, or lessened action of the air cells. The air cells, he maintains, are of a very delicate organization, and highly endowed with nervous influence from the cerebro-spinal, excitor-motory and sympathetic system, and are extremely liable to their special diseases, particularly phthisis, which may soon follow their lessened action.

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* Lawson's Phthisis Pulmonalis p. 226

If there is lessened mobility, with diminution of the vesicular murmur, as maintained by Drs. Smith and Lawson, previous to the actual deposit of tubercle in the lungs, I must say that I have never been able to detect them. Neither can we subscribe to Dr. Smith's theory of the origin of pulmonary tuberculosis. It is a heresy ignored by the entire pathological teachings of the day. But in this connection, we should not neglect to observe, that we have occasionally met with cases of this disease, in what might be called the incipient stage, where there was prolonged expiratory murmur, that under proper treatment has disappeared, with the restoration of the patient to health. What the precise condition of the air cells were that produced this abnormal sound, we cannot positively say. But we have sometimes conjectured, that it possibly might have been produced by the presence of tubercular matter in the first stage of exudation, and that by improving the general condition of the system, and correcting the constitutional vice, it has been absorbed, and the lungs have been restored to their wonted health. The absorption of tubercular matter, before it becomes consolidated, is now admitted by some of the best writers on pathology.

Dullness on percussion is also mentioned as a physical sign of the pre-tubercular stage of phthisis by Drs. Smith and Lawson. But this is not in harmony with the general teachings of percussion. To have dullness on percussion, sufficiently marked to be of any practical utility, there must always be more or less consolidation of the lung, either from pleuritic effusions, pneumonic, or tubercular indurations. The location of dullness on percussion mostly points out the nature and extent of the disease; thus, if it is elicited at the summit of the chest on but one side, it is indicative of tubercular consolidation, when confined to the inferior portion it is a prominent physical sign of pneumonia. Dr. Smith says, that this dullness in the pre-tubercular stage is generally over the whole chest, and that it is owing to the absence of a full amount of air in the air cells. This, he maintains, he has ascertained by a newly invented spirometer, which shows that the quantity of air admitted in the lungs, in this stage of the disease, is much less per minute than in healthy persons, and that in no small proportion of such persons the natural capacity of the chest is small from a contraction of that cavity in all its diameters.

Dr. Lawson says, "In consequence of the diminished mobility of the thorax and its contracted state, the sound elicited by percussion is less clear than pertains to a perfectly physiological type. This diminished resonance extends over a large surface; and, although its most marked condition is in the superior part of the chest, it has a greater extension than could be anticipated if it proceeded from tubercular deposits. In addition to these characteristics, it will be observed that the dullness is equal on the two sides, instead of being developed exclusively at one apex, as usually occurs in the tubercular deposits. In these examples, the parietes of the chest seem more rigid and unyielding than in the other conditions; and although the percussion sound is not positively dull, as when a solid substance is interposed, there is nevertheless, an appreciable diminution of natural resonance."*

From my own experience I am well satisfied, that dullness on percussion is not a sign of this stage of phthisis.

While, therefore, auscultation and percussion furnish us nothing that is reliable, in making out a clear diagnosis of the pre-tubercular stage of phthisis, we must interrogate exclusively the general symptoms. That these furnish evidence sufficiently conclusive, will be doubted by no one who has studied them with that attention their importance demand. Emaciation, hurried breathing, a rapid pulse, indigestion, hæmoptysis, expectoration containing either pus-corpuscles or shrivelled nuclei, and Thompson's gingival margin, when grouped together, all point out with unerring precision the nature of the malady.

* Lawson's Phthisis Pulmonalis, p. 327.

CASE OF MISCARRIAGE,

Complicated with Catalepsy and Rigidity, Necessitating Podalic Version.

By Horatio C. Wood, M.D.,

Resident Physician to the Philadelphia Hospital.

E. L., æt. 21. Multipara. On the afternoon of November 9th, 1861, I was called to see this patient. She was a weakly, nervous woman, worn down with child-bearing and nursing. She had a child about fifteen months old, whom she had just weaned, and had been under medical care for some time, taking iron and other tonics and nervines. Conception occurred during lactation. I found her lying in a cataleptic trance, and exhibited freely valerian and assafœtida. On inquiry it was ascertained that she had had a violent quarrel, which had caused her present condition. About five P. M., uterine pains commenced. Fifty drops of laudanum were immediately thrown into her rectum, and were followed in half an hour by forty more, but without influencing her in any way. Her cataleptic paroxysms, although not now constant or of long duration, very frequently recurred, but no connection could be traced between them and the uterine contractions. During one of these attacks, she would lie perfectly unconscious with the muscles of her extremities rigid and contracted and apparently insensible to pain.

A per vaginal examination showed that she was near the sixth month of gestation, and that the neck of the uterus was about an inch and a half in length, thick and firm. During Monday the 10th, her uterine pains persisted, and her catalepsy was unabated, notwithstanding the free use of almost all the nervous stimulants. By night the external os uteri had opened a very little. As she seemed very prostrate, and there was no tendency to feverishness fʒijss. of brandy were exhibited in the twenty-four hours, and in the early part of the day opium was administered to avert, if possible, the threatened miscarriage, but with so little effect, that all such attempts were abandoned, and our efforts directed solely to bringing the patient safely through.

Tuesday morning, although she seemed excessively weak, and was greatly troubled with nausea and vomiting, yet her pulse kept tolerably good. She was given fʒss of brandy every two hours, and as much chicken broth as she desired. During the early part of the day her pains were very weak and ineffective, but under the stimulants toward evening they became powerful and very frequent, yet only dilated the internal os sufficiently to admit the tips of two fingers. The os was excessively rigid, feeling like a whipcord, bordering the firm and resistant neck. Her cataleptic paroxysms, although not so frequent as the day before, were more protracted—she lying insensible for fifteen minutes at a time.

Tuesday night she slept tolerably with the aid of anodynes. Through Wednesday the uterine contractions were irregular, but moderately powerful, but at six P. M. ceased entirely, not to reappear effectively until the following afternoon. Ung. belladonna was freely applied to the neck of the uterus, the colpeurynter was used in the vagina, and she was supported with beef essence and brandy, as her pulse was now failing very perceptibly. An injection of eighty drops of laudanum was also administered at bed time to obtain rest, but it only afforded her three hours sleep. All through Thursday she was very nervous and prostrate, vomiting incessantly and suffering a great deal, but making very little progress towards delivery. At five P. M. the internal os would admit the tips of three fingers. The colpeurynter was used but without effect, the uterus was apparently fagged out. Her very feeble and rapid pulse, great prostration, incessant vomiting, and undilating os, all showed that the condition of the patient was becoming alarming and demanded active interference for her delivery—egg-nogg and beef essence were given freely, but it was impossible to make them remain on her stomach. At his evening visit Dr. Stroud (consulting accoucheur to the hospital) ordered her vin. ergotæ fʒss., repeated in half-drachm doses, every thirty minutes, until some effect was induced. She took about an ounce, when it had to be suspended owing to the excessive emesis produced; how much of the quantity administered was retained it was impossible to estimate; but there was enough with the assistance of an injection of forty grains of ergot to bring on effective uterine contractions. At half-past six o'clock P. M., Dr. Stroud left, after authorizing me to perform podalic version, as soon as it was practicable, the bag of waters having ruptured spontaneously at six o'clock. The fetus had originally presented in the first position of the vertex, but toward the latter part of the afternoon moved so that the side of the head, the shoulder and the side successively presented. At half-past eight, the internal os, although firm and rigid, was opened sufficiently to admit the folded hand as far as the middle joints of the fingers, and it was determined to attempt version. The woman was accordingly placed in position and anæsthetized. As she came very fully under the effects of the chloroform, the uterine contractions grew weaker and weaker until they became very favorable for turning, although the bag of waters had broken two hours before. The neck of the uterus was still about a half an inch in length, and of almost cartilaginous rigidity. Introducing my hand into the vagina after slow and gentle but very forcible efforts, continued for about fifteen minutes, it slipped into the uterus. Running it up along the face of the child, I seized the right foot and leg and turned. It was very difficult to get the breech through the os.

But under the stimulus of the hand and suspension of the chloroform, the uterus commenced to act powerfully and the breech was finally born, the shoulders soon following. The os now utterly refused to let go of the head, feeling almost like an iron crown encircling the brow. Getting my fingers first into the mouth and afterward on the malar bones and using all the force I dare, the head was delivered in half an hour. Owing to its prematurity, the fetus did not nearly fill the pelvic straits. It was still born, having apparently been dead several days. The whole operation occupied about an hour and a quarter.

No difficulty was experienced in the third stage, as I delivered the placenta in five minutes, and the uterus contracted well. The woman was immediately put and kept under the influence of morphia. On the second day she arose from her bed for an instant, and was in consequence very seriously threatened with peritonitis. She had the anxious face, exquisite tenderness, dorsal decubitus, etc. These were relieved by the prompt application of seven dozen American leeches. After this she slowly convalesced.

The most formidable and interesting symptom

in this case was the excessive rigidity associated with a state of system utterly precluding the time-honored remedy of bleeding, as well as with so much nausea and vomiting, which in this case produced no relaxation whatever. Is it possible that this rigidity was, as it were, cataleptic, or, to speak more properly, dependent on the same state of the nervous system as the rigidity of the voluntary muscles. The spontaneous version of the child in the cavity of the uterus was a curious instance of an attempt to relieve a difficulty by the adaptation of reflex action to the circumstances of the case; an attempt at spontaneous version, in order to bring the fetus into the best position so as to get a wedge to expand the os. The use of ergot may seem to have been questionable practice. But the patient was utterly exhausted; weak and feeble in the beginning, four days of suffering and effort had brought her to the verge of prostration. It was not practicable to sustain her on account of the irritability of her stomach, the uterus had ceased to act, and it seemed a matter of life and death to open the os sufficiently to admit the hand. All the milder remedies had been tried faithfully, but ineffectually. For these reasons the ergot was given cautiously, and the result seemed to justify the treatment.

Hospital Reports.

Long Island College Hospital, *Brooklyn, Feb.*, 1863.

Obstetric Clinic of Prof. Chapman.

Reported by Student *A. J. C. Skene.*

Anteversion of the Uterus.

Mrs. C., aged 32 years, married; came to the College Clinic on the 8th of December last. She, like the last patient, was full-blooded and corpulent and always enjoyed good health till eight months ago, at which time she married her second husband. By the first she had had five children and four miscarriages. She is of a constipated habit, suffers from gastric and hepatic disorders and is annoyed by certain troublesome pelvic symptoms. There is pain in the back, extending over the hips, not increased by walking, but more severe before and after menstruation. For the last eight months her courses have been irregular, appearing about every three months and are very scanty.

Examination by the touch. Prolapsus in the first degree of the uterus, which lay forward more than natural and pressed before it the bas fond of the bladder; giving a feeling of a soft yielding tumor in the anterior part of the vagina. Increased weight of the uterus could be also detected.

Examination with the speculum. There was congestion of the neck of the uterus, and a broad red circle surrounding the os, which was puffy, patulous and had an albuminous secretion hanging from its orifice. The anterior lip was enlarged and elongated. The epithelium in no part of the surface was detached.

She was ordered light diet and the following prescription:

℞ Pil. Hydrarg., 3ss.
Pul. aloes, gr. viij
Saponis, gr. iij M.
Fiant pilulæ, viij.

S. Four to be taken at night and four the second night following.

Scarification of the os uteri.

January 10th. To this date the scarification was alone practiced about every seventh day.

During the last week the menses returned at the proper time and were more free. The local congestion at this date is nearly removed.

Scarification again employed.

January 16th. The caustic solution used in the case given in the last number, was introduced into the cavity of the neck.

January 24th. Caustic again applied.

January 31st. Caustic applied. Patient dismissed cured.

Mrs. T., aged 30 years, applied at the Clinic November the 18th, 1862. She had had one child, now eight years old, and had miscarried three years since, from which time her present illness dates. She is anæmic, debilitated, emaciated, has a poor appetite and suffers from constipation. Her courses recur every three weeks, continue six days, are free, clotted and attended with severe pain. She has tenderness in the right iliac fossa, a painful sensation extending from the back over the hips, and a dragging, forcing, expulsive feeling in the pelvis when she walks. During menstruation the breasts become full, hard and painful, and now the areola has a brownish color and its follicles are developed.

During the past summer she was treated for three months by Dr. — who employed the speculum; but she did not improve in health, or derive any relief from the suffering caused by the local disease.

Examination by the touch. The uterus somewhat heavier than natural, was found prolapsed in the first degree, carrying with it the neck of the bladder, the uterine neck slightly enlarged, and the os patulous, but there was no anteversion.

Examination with the speculum. The vagina was normal, the os uteri more open than natural, was filled with an albuminous secretion and surrounded by an inflamed circle; beyond which, on the neck, were a considerable number of red points, located on a surface of the natural color, excepting a portion of the posterior lip where the redness was confluent. These red points, resembling inflamed follicles, were the papillæ, that had become congested by the inflammation, which, existing in the cavity of the uterine neck, appeared to be confined principally to glandulæ nabothi, but not to implicate, to any great extent, the tissues in which they are embedded.

Treatment—Scarification and the following prescription:

℞ Ferri pyrophosphatis, 3 iss
Aquæ font., f℥ iv M.

Sig: A teaspoonful after each meal.

January 8th. Up to this date the above treatment was followed, and scarification employed every sixth or seventh day. Her general health has improved and her appetite returned; she is gaining flesh and strength, and the pelvic symptoms are much less severe.

During the last week she had her courses, which returned at the regular period and were natural in amount and unattended with pain.

On examination with the speculum, the red inflamed points on the neck of the uterus, which had disappeared, had returned. This was observed to be the case after each menstruation, and there was evidence that at such times the inflammation of the cavity of the neck was increased.

Treatment—Scarification and the prescription of iron.

January 15th. Employed scarification and ordered the following:

℞ Cinchoniæ sulphatis, gr. xx
Tr. colombæ, f℥ ij
Tr. cinnamomi compf., f℥ ij
Aquæ fort., f℥ ij M.

Sig: Two spoonfuls before each meal in water.

January 22d. The patient has rapidly improved in every respect, and the inflammation of the os uteri has disappeared, there only remaining a slightly excessive mucous discharge from its cavity. From this date the caustic solution was introduced into the cavity of the neck.

February 7th. Continued treatment.

February 13th. Continued treatment; the appearence of the os uteri is now natural; but it is proposed to render the cure permanent by applying the caustic to the cavity of the cervix, more as a precaution against a relapse. The patient's general health is now good, and all the local disorders and sympathetic troubles originating from the uterus, have disappeared.

Mrs. H. aged 31 years, married, applied at the Clinic on the 17th inst. She had had three children, been prematurely confined of twins at the seventh month, and is now nursing a child 16 months old. Her courses since the birth of this child, had returned three times, but not for the last seven months; and she is in doubt, whether or not, she is pregnant at the present time, and for this reason came to the Hospital.

She has nausea and vomiting and a brownish color of the areola, though the follicles are undeveloped; but she does not feel as she formerly did when in this condition. On inquiry it was discovered that she had some pelvic symptoms, chiefly a weakness through the back and loins; yet these were so insignificant in her estimation that she thought an examination, which was proposed, was entirely unnecessary.

By the touch, the uterus was found prolapsed in the first degree, and the anterior and posterior walls of the vagina projected slightly beyond the introitus vulvæ. The uterus was not heavier than natural, and did not lie forward on the bladder; but occupied the excavation in the axis of the outlet, consequently the attachments of other and contiguous organs were not put upon the stretch; and the vagina seemed to project simply from its relaxation, through the subsidence of the womb. The woman stated, that whenever she carried her child or lifted heavy weights, a round body projected from the genital fissure which returned on her lying down. By the speculum, the os uteri and cavity of the neck were found to be inflammed and the extremity of the neck to be flattened as though it had rested on the perinæum or some other resisting structure. There was only slight vaginal leucorrhœa.

Treatment—Scarification of the os uteri was employed, and injections of alum water ordered.

It is designed to submit this patient to the same treatment as the other cases above described, for the cure of the uterine disease, and by the use of astringent injections to restore the tonicity of the vaginal canal, when a globe pessary will be introduced, which will not only sustain the walls of the vagina in situ but the uterus also, as we have frequently observed in many similar cases. In fact no other form of pessary in our hands has so effectually retained the parts prolapsed or afforded so great a measure of relief to the patient. This case is interesting as illustrative of our view, that simple prolapsus, or even procidentia, frequently gives rise to very trivial symptoms; much less than prolapsus in a less degree when the neck of the bladder is involved in malposition. In other words, the symptoms supposed to be due to prolapsus uteri, originate almost invariably from the implication of the neighboring organs.

University Medical College, *December*, 1862.

Clinic of Prof. Alfred C. Post.

Injury of the Knee.

Female, three years of age. Four weeks ago she received a fall, and now walks with difficulty. The limb is very nearly straight, and there is but little resistance to motion. The circumference of the knee is nearly an inch greater than that of the opposite side. There is hardness of feeling particularly over the lateral part of the joint. Whether the bone itself, or the periosteum, simply is involved in the present diseased condition, is not apparent. There is no active inflammation, with only a slight increase in the temperature. A large proportion of the lameness of children which is ascribed to the knee, is actually due to disease of the hip, but in this case it is plainly in the knee; probably the affection is of the cancellated structure of the ends of the bones. Give one grain of the iodide of potassium three times a day, and apply externally the following ointment:

℞. Cerat. simip.,
Ung. hydrarg., āā ℥ss.
Iodinii, gr. ij.
Potassæ iodid., gr. viij. M.

The iodurated mercurial ointment for adults is composed as follows:

℞. Ung. hyd., ℥j.
Iodinii, gr. v.
Potassæ iodid., ℈j. M.

It is important in the early treatment of a case like this to keep the knee straight; deformities often result from neglect of attention to this point.

Chronic Eczema.

Female, forty years of age. Has a chronic inflammatory condition of the skin and cellular tissue of the leg resembling eczema. Sixteen years ago she was affected with phlegmasia dolens, since which time this limb has not been in a healthy condition. Apply a lotion of the acetate of lead to subdue the inflammation, and afterward wear a laced stocking.

Chronic Ulcer.

Female, twenty-eight years of age. It is situated on the inner side of the leg, just above the malleolus. The healing of a sore depends much upon the softness of the subjacent tissue; ulcers heal more by contraction than by granulation, so that the cicatrices are less in diameter than the organic ulcer. Over the prominence of the malleoli, etc., where the skin is drawn tightly, the contraction is not allowed to take place, and hence the difficulty of healing. All sores on the leg and foot are difficult to heal. The patient should keep the foot in an elevated or horizontal position. Without attending to this fact, a sore may last thirty or forty years, or even a whole lifetime. This sore is slightly inflamed, presenting a dusky surface; the edges are uneven or serrated, and it is hollowed out. A healthy ulcer will have its centre filled up to the surface, and the margin will adhere to the granulations and not be free as in this case. As the ulcer has existed a great number of years, it will not heal rapidly. If the patient should suffer from the drying up of the issue, an artificial sore will have to be made elsewhere, as upon the arm, where it may be easily healed. Apply Labaraque's solution on a piece of lint, and cover it with oiled silk.

Crusta Lactea.

Male, two years of age. He has had the eruption

since he was two weeks old. It is most conspicuous on the hairy scalp, but is seen also on the face and some parts of the body. This eruption is a form of eczema, properly called impetiginoides. It is a pustular eruption. Its presence generally guards certain organs from disease of a more serious nature, and seldom extends beyond the period of dentition. Tepid baths, regular diet, healthy evacuations, etc., and wash the head every day with castile soap and water, and use the following powder, half a teaspoonful morning and night, in molasses:

℞. Sulph. sublim.
Potassæ bitart, āā. ℥j. M.

Necrosis of the Maxilla.

Female, five years of age. She was at the clinic last April, when there was a necrosed condition of both the maxillary bones, which had been preceded by an attack of fever. Several pieces of bone were drawn out with very little effort. The teeth now seem to be loose, but there is no bone projecting. Leave her two or three weeks longer, and come again.

Onychia.

1. Male, five years of age. The right great toe was contused last summer, the result of which has been inflammation about most of the nail, which came away of itself. It is now suppurated about the root of the nail, which binds down the secretion and prevents its escape. The nail had better be removed, and as it is a painful operation, the patient had better be put under an anæsthetic. The skin under the nail, after its removal, presents, instead of its usually smooth appearance, a granulated surface. We will endeavor to remove the whole surface by touching it with nitric acid, after which the cold water dressing should be applied, keeping the patient in a chair with the limb elevated.

2. Male, nine years of age. This patient was operated on for hare lip, about six weeks since. There is a slight irregularity in the margin of the lip which could be removed by another slight operation. This onychia has come from an injury. The nail acts as a foreign body, and should be removed. We will not give an anæsthetic in this case, as the nail seems to be loose. The nail is removed, entire, it being on the finger, but toe-nails are removed easiest by splitting them. Apply nitric acid, and use cold water applications for the first week; afterward some gentle astringent or stimulant may be substituted.

Supposed Shortening of the Frænum Linguæ.

Male, six years of age. When he was an infant he was tongue-tied, and the frænum was cut; and now, as the child has an impediment in his speech, the mother thinks it was not cut enough. He can extend the tongue half way down to the chin, which is sufficient for articulation. Difficulty of speaking in children is apt to be erroneously attributed to this cause.

Necrosis of the Femur.

Male, ten years of age. The disease is located at the upper part of the lower third. An anæsthetic is administered to facilitate exploration and operation. Operations upon the tibia are comparatively simple, the bone being superficial and generally tending toward the anterior aspect; but upon the femur it is necessary to proceed more cautiously, in order to avoid important organs. The operation consists in making a free incision, chisseling away the involucrum, and extracting the sequestrum. The incision must be free on account of the great depth of the bone. It is more important to remove even a small piece of sequestrum from the femur than from the tibia, on account of the danger of the bones injuring an important artery. Cases of alarming hemorrhage have been known to occur from this cause, and amputation has been resorted to from the same cause. There is generally too much delay in operating for sequestrum. If the bone is not loose, a little chisseling will enable you to remove it with ease.

Prolapsus Ani.

Male, two and a half years of age. He has been subject to it for five months past. He has been heretofore directed to use a sufficient quantity of cream of tartar and sublimated sulphur to get two evacuations daily. Under this prescription he has improved, and to-day, for the first time, had an evacuation without prolapsus. He will use now a wash of an ounce of white oak bark boiled in a pint of water.

Double Complicated Hare Lip.

Male, four and a half months old. This is complicated with fissure of the bones and palate and an intermaxillary projection of bone. The rule in these cases is to operate early, but on account of the delicacy of the child it has been postponed. We will defer it still longer, and put the child on a diet of cream.

Anomalous Tumor.

Male, thirty-eight years of age. For twenty years he has had a swelling in the right groin, in the neighborhood of the external abdominal ring. The ring is open and patulous, and the tumor may be pushed up through it and followed with the finger. Both testicles are in their proper place. Cases are reported of supernumerary testicles, but these cases have not been investigated in such a manner as to make it certain that they did exist. The sensation in squeezing it is different from that in squeezing the true testicle, that being one which is peculiar and cannot be mistaken. The tumor is about the size of a hickory nut and has a hard feel, and in passing the ring does not come and go gradually like a hernia, but slips through the ring suddenly like a hard, unyielding body. A tumor of this kind happening to coincide with colic, might be easily mistaken, in consultation, for hernia. In case of doubt, the patient should have the benefit of it. The tumor does not require treatment; a dose of castor oil will remove what pain he feels.

Medical Societies.

N. Y. County Med. Soc'y, *Jan'y*, 1863.

DIPHTHERIA.

Dr. D. S. Conant opened the discussion by remarking that he had not had time to look over all the authorities, yet he had found that Bretoneau, who was the first to write on the subject, regarded diphtheria as a kind of membranous stomatitis; he consequently advises and relies upon local treatment. Lacock, however, takes a different view; he believes that the disease depends upon a certain parasite, causing an exudation of plasma upon the mucous surface; consequently, he recommends the use of such remedies as are calculated to destroy the parasite. The universal opinion at present is, that it is a zymotic disease, entering into the blood, of which

the mucous membranes only afford certain signs. It is very insidious in its approach, and may be divided into three classes:

1st. A mild form, of which the great majority recover, and in which the general system sustains itself very well.

2d. A form a little more severe. The exudation first affects the upper part of the larynx, and extends rapidly downward; croupy respiration ensues from obstruction in the respiratory passages; the isthmus of the fauces is more or less covered with an organic plasma. If the bronchial tubes become lined, the patient will be likely to die.

3d. The third class is ushered in with more violence. The patient will sometimes sink before there is any exudation upon the larynx. The exudation may continue till it is a quarter of an inch thick, and these are the cases in which tracheotomy is usually performed. A noticeable feature of these cases is a discharge from the nose. No mention is made of this peculiarity by the London physicians, but so important is this symptom that some believe that we cannot have diphtheria without this discharge, and an offensive breath.

Dr. C. believes diphtheria is a zymotic disease, but cannot be called a contagious disease, though it is subject to atmospheric conditions. If zymotic, we should correct the local conditions, and use general remedies at the same time. He has never found anything after death which could not be discovered before.

In regard to duration, it will continue from four to six days, sometimes eight. Paralysis is a common result, sometimes of the pneumogastric, the glossopharyngeal, spinal accessory, portions of the optic nerve, or of the muscles of the back of the neck. In one case, there had been very great enlargement of the glands of the neck. Two or three of these cases belonged to a Young Ladies' Seminary, in Vermont, which he was asked to visit as he was passing through that part of the country. He recommended that those taken with it should be kept in a warm, dry atmosphere; and only one case proved fatal, and this one was exposed to a raw, cold air, by being taken home.

He uses the tincture of aconite to the back of the neck, and belladonna internally, as a prophylactic. In Birmingham, in 1738, there were reported one hundred and twenty-two cases of diphtheria, of which only one died. The muriated tincture of iron is used as a drink by Dr. VANDERPOEL, of Albany. Another physician reports ninety-five cases and two deaths; these were treated according to the theory that the disease is simply local. Another reports five hundred and thirty-two cases and seventy-eight deaths. Another, sixty-five cases and one death. Malarious influences of some districts, and crowded apartments, have been assigned as some of the causes. Reports of country physicians, however, show a greater ratio of deaths, where they have freer air, purer water, etc.

The most common sequel of diphtheria is paralysis of a nerve. If the disease is purely local, this effect could be brought about only by reflex action; if zymotic, it would proceed from a nerve centre, which is very easy to perceive. Paralysis of any part may ensue. To-day we have had a case at the Demilt Dispensary, in which was paralysis following diphtheria. Amaurosis will sometimes follow. The treatment should be directed to the local difficulty, to the general system, and be preventive. Muriated tincture of iron and the bitter tonics are primarily indicated; dry air is important. The local application of nitrate of silver cannot be recommended. A gargle of salt and vinegar he likes as well as anything. The general treatment should embrace nutritious diet, egg-nogg, bitter tonics, iron, etc., and occasionally a little calomel to excite the secretions. The most intelligent physicians ignore calomel, unless the patient be very strong and the membranes forming rapidly, in which case one or two grains may be given, followed by tonic treatment. He never saw a case in which tracheotomy would have been advisable. The operators in these cases will find that the membrane has extended further down than the operation.

Dr. JOHN G. SEWALL stated that he had been for nine years connected with the Northwestern Dispensary, during which time he had visited fourteen thousand patients, and seen in that number only two cases of diphtheria. One of those perished in a few hours after it was first seen by him, and the other, a boy, was treated with iron and tonics. The local symptoms disappeared, but the constitution never rallied. Out of five cases of diphtheria in private practice, two died, one four years and the other five years of age. When croupy symptoms are manifest, it is almost always fatal. He had had one case which seemed to be an exception to this rule; it was taken suddenly with a croupy cough and other grave symptoms. He gave it muriate of ammonia and chlorate of potash in ten-grain doses, every two hours, and followed it up religiously for three days. The child recovered. It prevailed extensively in the district of one of his colleagues, in Seventh Avenue, at one time, when nine died in one block. In the same block there was a family of six children, all of whom took muriate of iron as a prophylactic, with one exception, and this one alone, of the six, took diphtheria and died. We should lend all our energies to inducing preventive treatment, and among this class of medicines the muriated tincture of iron seems to meet with most favor.

Dr. STONE said he had not seen much of the disease. Dr. CONANT's remarks in regard to dry air, he did not approve. He had one case on Fifth Avenue, near the reservoir, in which he resolved to carry out the plan of ventillating freely. He had it taken into the street every day, and gave it beef tea and tonics. Local applications are of little or no use. He trusts to nourishment, stimulants and iron. His belief is that it is contagious. In one case, a school was broken up by it. In another case, the head of a family died by it, his wife died, and two or three of his children. A lady visiting them also took it and died, and also another.

Dr. H. D. BULKLEY recommended chlorate of potash, tincture of the muriate of iron, beef tea, milk punch, etc. He had often had occasion to notice the discharge from the nose. Within a few weeks he had treated three or four cases successfully with twenty-five drops of tincture ferri. muriatis, given every two hours. He had also to use a ten to twenty-grain solution of sulphate of copper as a local application.

Prof. EDMUND R. PEASLEE did not propose to say what the precise pathology of the disease is, but he regarded it as undoubtedly zymotic. We have certain sequelæ here which are recognized in other zymotic diseases; also the same exudations as in admitted zymotic diseases; the vagina and conjunctiva may be covered with the same exudation; in short, the facts are such that we cannot now regard this as a local disease. In treating it, however, we must not disregard the local symptoms. A profuse nasal discharge may be removed by a weak solution of nitrate of silver. With this exception, I have resorted, almost exclusively, to a solution of chlorate of potash, both as a gargle and internally. Quinine is a grand remedy where we see any failure of the vital forces in the zymotic diseases. He has used tincture of iron with satisfaction, but it does not agree with the stomach as well as iron in substance. Beef tea, eggs, wine or brandy, iron, &c., are the reliable remedies. The disease usually lasts about six days, unless it runs into a low typhoid form. Many have supposed the grand object was to remove the membrane, but this is not the case.

Editorial Department.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MAY 16, 1863.

AMERICAN MEDICAL ASSOCIATION.

We trust that this body will have a full representation at its approaching meeting on the 2d of June. There is no reason why it should not be well attended, and profitable. The call for the meeting has been well received by the profession, the press, with an insignificant exception, and by the medical societies that have met since it was issued. A great many delegates have been appointed, and we anticipate a large attendance of permanent members.

There are several committees to report on important subjects, and they have had a good deal of time to prepare their reports. The recent division of the Association into sections, before which reports on special subjects are read and discussed, was a very important and useful modification of its original organization. It will exert much influence on the Association, and add very materially to the value of its published proceedings.

There is still lacking an element of permanency, which we hope to see supplied soon. The Association should have a *permanent Secretary*, whose special duty should be, in conjunction with the annually elected officers, to look after the welfare of the Association, by attending to the formation of local medical societies, the election of delegates, notification of chairmen of committees, the issue of the transactions, etc., etc.

In anticipation of the approaching meeting, we hope that the Committee of Arrangements have secured for the delegates the usual commutation of fare on the railway lines, and that it will be speedily announced.

CLIFTON HALL.

This is the name of an institution for the Insane, a private enterprize, under the charge of Dr. R. A. Given, located on a beautiful spot on the old Baltimore pike, a few miles south-west of the city. The ground is high, and the scenery very fine, especially toward the Delaware river, which can be distinctly seen meandering for many miles in the distance. The surroundings of the house and its internal arrangements are very attractive, and the facilities for treating the insane are of the first order. Dr. Given is well known to the profession of Philadelphia, and we trust that he will receive, as he certainly merits, a share of public patronage. Dr. Given's address is Kellysville, Pa.

THE LATE DR. DARLINGTON.

Dr. William Darlington, who recently died at West Chester, attained so much distinction as a physician, naturalist, and civilian, that a brief biographical sketch of him in this place will be appropriate.

He was born in Birmingham township, Chester county, Pa., in 1782, and until his eighteenth year engaged in the pursuit of agriculture, acquiring in his leisure hours a fair English education. In 1800 he commenced the study of medicine, under the tuition of Dr. John Vaughan, of Wilmington, Delaware, and four years after graduated with the title of M. D., at the University of Pennsylvania, in this city. In 1806–7 he made a voyage to India as surgeon of a vessel, and returned with an enlarged and ripened experience in the practice of his profession, which secured him an extended reputation and numerous connections. During the last forty-four years he filled several important positions of trust under the General Government, as well as that of the State. The degree of LL.D. was conferred upon him by Yale College. He was president of the Bank of Chester County until his death—a period of more than thirty years. Dr. Darlington had devoted a large portion of his life to the study of botany, his favorite science, in which he acquired a vast fund of information. He likewise obtained considerable celebrity as an author. In 1804 he published his "Mutual Influence of Habits and Disease." In 1826 his most successful work, "Flora Cestrica," appeared, and passed to three editions. It was favorably noticed by the greatest botanists of Europe, and established its author in the front rank of American scholars. In 1843 he revised and published "Reliquiæ Baldwiniæ," and four years afterward issued his "Agricultural Botany." In 1849 he gave to the public "Memorials of John Barton and Humphrey Marshall."

These were the principal works which gave him transatlantic fame, and most of them were favorably reviewed in the foreign journals of agricultural

science. In addition to his varied scientific and literary attainments, Dr. DARLINGTON was a decided politician, and during the Administration of General JACKSON was a prominent candidate before the Legislature of this State for the position of United States Senator, being defeated by very few votes. Although during the latter years of his venerable life, engaged as he was in quiet study, he was precluded from any prominent expression of his sentiments, he was always true to the Union. In the county of Chester no one was more respected, and no one will be more lamented. As a gentleman, a scholar, and a patriot, he was among the first, and though, in the course of years, the time had come for him to die, we cannot but look upon his death as a great loss to our State and country.

Notes and Comments.

Hospital Diet.

In nothing has Surgeon-General HAMMOND demonstrated his fitness for the position to which the exigencies of the country so suddenly called him, as in the care and attention he has bestowed on the diet of the army, especially of the sick and wounded. The diet tables are very complete, full, and systematic. We have before us charts for convenient reference, containing,

1. A Diet Table for General Hospitals in the U. S. Army.

2. A table showing the quantity by weight or measure, of any number of full Diet Rations from 1 to 1000, as prescribed in the above Diet Table.

3. A table of articles of Full Diet, not issued daily, designed to facilitate the preparation of Hospital Provision Returns for five and ten days.

The articles in this table consist of fresh beef or mutton, bacon, corned beef, pork, fish, beans, potatoes, butter, dried beef, pickles.

The Diet Table for General Hospitals was published in substance on page 202 of the last volume of the REPORTER.

Rank of Naval Surgeons.

By a recent order, issued from the Navy Department, the following is to be the rank of surgeons in the navy;—

Surgeon of the Fleet to rank with Captain.

Surgeons to rank with Lieutenant-Commanders, for the first five years after promotion; after the first five years with Commanders; and after fifteen years to rank with Captains.

Passed Assistant Surgeons to rank with Lieutenants.

Assistant-Surgeons to rank with Masters.

Correspondence.

DOMESTIC.

POSITION OF STUMPS AFTER AMPUTATION.

COLUMBIAN COLLEGE HOSPITAL,
WASHINGTON, D. C., *Apr.* 15, 1863.

EDITOR MED. AND SURG. REPORTER:—It is to be expected that in an experience of ten months in a military hospital, especially after the great battles of the past summer and fall, one would necessarily become acquainted with many facts of great practical importance to a physician and surgeon, but especially to a surgeon—which facts, though they may be contained in books, may very easily have escaped his particular notice. This has been my experience to a great degree. I have had the good fortune to see and to treat a great many surgical cases—cases of almost every variety—but especially have I had under my care a large number of amputations, and it is to the *position* of limbs, after amputations, that I wish to call your attention at this time. This I regard of vast importance, for I verily believe that a number of the patients under my care owe their lives to the position of the stump during treatment more than to any other circumstance or circumstances.

The practice, if I mistake not, has always been—at least it has been so to a great degree—to keep the stump elevated, so that the distal portion is higher than the proximal. I cannot avoid condemning this practice with great feeling, and I am surprised that it should have been practised so long. I found my opinion on my own experience. As I have already said, I believe I have saved several lives by having the distal portion of the stump lower than any other part; and I have no doubt that many lives have been lost that might have been saved if this precaution had been adopted. When the stump is elevated, the pus that is formed will, of course, collect in the part and act deleteriously in several ways, notwithstanding it is properly bandaged; it will be absorbed into the system; it will burrow between the tissues and separate them; enlarge the suppurating surface, and prevent the healing process. Whereas, if the limb is slightly declivous, the pus will immediately, after forming, be discharged, and can no longer do mischief.

In some cases, where I had reason to believe there was separation of the tissues by the burrowing of pus, upon changing the position, there was marked improvement.

In cases of amputation below the knee, I have invariably had the knee pillowed-up. In amputations of the thigh, I have, on some occasions, had the head of the bed raised, and also the side of the bed opposite the amputated limb. I do not wish to be understood as advocating great declivity of the stump, but, on the other hand, it should be but slight.

In many cases, the sinus through which the pus is

discharged becomes closed, when it will be necessary to open it with a probe or canula.

I am well convinced that there is not importance enough attached to the position of limbs after amputations by the profession generally, and I have thought it well to bring it before the notice of the profession through the columns of the Medical and Surgical Reporter.

J. B. Morrison, M.D.,
Ass't Surg., U. S. V.

ASCITES.

Final Results of an Extraordinary Case.

Monongahela City, Pa., *Jan.*, 1863.

Editor Med. & Surg. Reporter:—I send you the result of an extraordinary case of Ascites, partial reports of which were published in vol. iii., p. 178, and vol. v., p. 35, of the Reporter.

Amount drawn off up to September 8th, 1860, 774 gals. ½ pts.

	gal.	qt.	pt.		gal.	qt.	pt.
Oct. 10th, drew off	13	1	0	Dec. 2d	14	0	0
Nov. 12th	13	3	0	Jan. 1st, 1862	14	0	0
Dec. 12th	14	1	0	Jan. 27th	14	0	0
Jan. 9th, 1861	13	2	1	Feb. 26th	13	2	0
Feb. 9th	14	1	0	March 25th	14	0	½
March 11th	14	0	1	April 25th	13	3	0
April 10th	12	2	1	May 23d	14	1	0
May 9th	12	1	0	June 21st	14	2	0
June 7th	14	1	1	July 20th	14	2	½
July 6th	13	3	1	August 19th	14	2	0
August 5th	14	1	1	Sept. 15th	13	1	1
Sept. 2d	13	2	1	Oct. 18th	13	3	0
Oct. 4th	13	3	0	Nov. 18th	15	0	0
Nov. 1st	13	1	1	Dec. 2d	8	1	1½

Total, eleven hundred and fifty-seven gallons, one quart. Mr. Adams died, Dec. 4th, 1862, from gastritis.

Saml. M. King.

REMOVAL OF HALF OF THE ILIUM.

Rapid Recovery.

Peoria, Ill, *Feb.*, 1863.

Editor Med. and Surg. Reporter:—I was called Feb. 4 to see Mr. Antonio D., reported to be seriously injured. On arriving at the house, I learned that his horses had taken fright while coming down the bluff, and thrown him with great violence against a stake that supported the plank sidewalk. Upon examination I found a compound comminuted fracture of the left ilium, he apparently having fallen upon it when thrown from his wagon. The hemorrhage was profuse. I applied "cold water compress" and bandages, and sent for Dr. Dickinson (one of our oldest and best physicians) to administer chloroform while I removed the fractured bone. But when Dr. D. arrived, our patient refused chloroform, saying "he could stand it without anything." I then proceeded to remove the loose pieces of bone through the laceration caused by the fall, which I found quite firmly attached to the fleshy tissues, but by using torsion after a little cutting and working with a blunt instrument, succeeded in removing them all without doing injury to the bowels or bladder, or wounding any considerable blood-vessel, though I found several pieces forced deep into the pelvis. I was happy to know that the peritoneum had not been opened. I found that I had removed twelve pieces, besides several of less size that were lost in the blood. The largest was a part of the crest, three inches long and two inches wide. Another was the anterior superior spinous process, about two by one and a half inches. The others were smaller and very irregular. I have used the compress and bandages, keeping a tent in the bottom of the wound. No unpleasant symptoms have been manifested, save for a few days a slight inflammation of the bladder. The wound has healed kindly by granulations from the bottom, and my patient now, Feb. 25th, walks daily without assistance even from a crutch or cane without limping.

I have no particular comments to make on this case. It adds one to the list of serious injuries where a large amount of bone was removed with a rapidly favorable recovery. It is a species of fracture of the ilium of unfrequent occurrence.

M. M. Eaton, M. D.

A CASE OF DETACHED KIDNEY.

Spring Arbor, Mich., *Feb.*, 1863.

Editor Med. and Surg. Reporter:—I was summoned, in company with my partner, Dr. S. P. Root, to the bedside of Mrs. Wilson, æt. sixty-four, widow, and mother of several children. She had been ill for some time, but had been under no special medical treatment, as she supposed she was suffering from tænia, and could receive but little advantage from medical attendance. Our examination established a very clear diagnosis of phthisis pulmonalis, in its last stage. In this there was nothing peculiar, but, in prosecuting the examination in the region of the stomach, we discovered a hard and well-defined tumor lying over the aorta, along the lower margin of the stomach. This tumor, it was discovered, would change its position upon gently pressing upon its sides, but while we could carry it but slightly to the left of the median line, it would seem to float freely on the right side, and sink down beneath the viscera so as to escape the touch. We could establish nothing satisfactory, in regard either to the nature or location of the tumor.

Inquiring into the history of the patient, we learned that twenty-five years previously, when lifting an ash leach, she felt something give way in her back, and since that time, although her health was usually good, she has at times perceived this tumor, and that for a year or more past it had annoyed her very much.

Two weeks later we were again summoned to hold a post-mortem in the case, when we found the right kidney detached from its position and suspended by the renal artery, vein, nerve, and ureter. These were all elongated and but slightly enlarged, allowing a freedom of motion which easily explained the phenomenon presented during life. There seemed to be but little change in the kidney, either in size or substance, and it appeared healthy, performing its functions regularly, as we could not learn that she had suffered any irregularity of urinary secretion during life.

M. Louis Meads, M. D.

Army and Navy News.

Orders.

Acting Assistant Surgeon GEORGE R. WAIRN is ordered to the gunboat *Wissahickon*.

Drs. W. W. WENTWORTH and WM. F. HUTCHINSON have been appointed Acting Assistant Surgeons. The former is ordered to the sloop of war *Preble* and the latter to the *Vincennes*.

Appointments.

Gov. COBURN of Maine, has made the following appointments of Assistant Surgeons: Dr. MELVILLE H. MANSON of Limington, to the 5th regiment; Dr. L. E. NORRIS of Hampden, to the 17th regiment; Dr. GEO. G. PERCIVAL of Waterville, to the 20th regiment.

Gov. SEYMOUR of New York, has appointed Dr. CLARK SMITH to be Assistant Surgeon of the 169th New York regiment, *vice* Dr. SKINNER, resigned.

Medical Officers of the Fifth Pennsylvania Cavalry.

The following are the names of the medical officers of the 5th Regiment Pennsylvania Cavalry, formerly known as the Cameron Dragoons, in the field near Williamsburg, Va.

Surgeon—WM. C. TODD; Assistant Surgeons—PATRICK HEANEY and CLIFFORD J. PARKER, all of Philadelphia, Pa.

HEALTH OF THE ARMY.

Letter from Medical Director Letterman to General Hooker.

The following are extracts from a letter addressed to General HOOKER by Dr. J. LETTERMAN, Medical Director Army of the Potomac, showing the Sanitary condition of that army:—

"I have the honor to submit for the information of the Commanding General the enclosed report on the sickness of this army. The paper marked 'A' shows the whole number of sick in this army to be, on the 28th of March ultimo, 10,777. The corps exhibiting the greatest ratio of sick are those in which there is the greatest number of new regiments. Thus, the First Corps, having a ratio of 90-02 per 1000, has, according to the data in this office, 18 new and 21 old regiments.

"The Sixth Corps, with a ratio of 46-16 per 1000, has only four new regiments and thirty old regiments. The ratio of sick for the whole army is 67-64 per 1000. When it is considered that since the first of February less than 800 sick have been sent beyond the lines of the army (excepting those belonging to the Ninth Corps, which was ordered away,) the ratio of sick is small.

"The paper marked "B," taken from the monthly sick reports for January and February, affords more explicit information regarding the health of the army.

"It shows that all the more serious diseases to which troops in camp are liable, and especially those which depend upon neglect of sanitary precautions and bad diet, have decreased in a marked degree during the month of February. This paper shows that during this month typhoid fevers decreased twenty-eight per cent., and diarrhœa thirty-two per cent., and I have reason to expect that the reports for March (which have not yet been received) will exhibit a continued decrease.

"Numerous reports made to this office refer to the general improvement in the health, tone, and vigor of those who are not reported sick, an improvement which figures will not exhibit, but which is apparent to officers whose attention is directed to the health of the men. This favorable state of the health of the army, and the decrease in the severity of the cases of disease, is in a great measure to be attributed to the improvement in the diet of the men, commenced about the first of February by the issue of fresh bread and fresh vegetables, which has caused the disappearance of the symptoms of scurvy that in January began to assume a serious aspect throughout the army; to the increased attention to sanitary regulations both in camp and in hospitals; to the more general practice of cooking by companies, and to the zeal and energy displayed by the medical directors of corps, and the medical officers of this army generally, in inculcating the absolute necessity of cleanliness and attention to the precautions for insuring the health of troops, which the united experience of the armies of Europe and our own has shown to be indispensable to their efficiency.

RATIO OF SICKNESS ON MARCH 28TH.

Command.	Per 1000 of Mean Strength.
First Corps	90-02
Second Corps	85-19
Third Corps	75-69
Fifth Corps	61-16
Sixth Corps	46-19
Eleventh Corps	68-96
Twelfth Corps	52-78
Cavalry	64-05
Artillery Reserve	41-31
Patrick's Brigade	31-31
Engineer's Brigade—Eighth United States Engineers, Ninety-third New York Infantry	48-91

News and Miscellany.

New Medical Society.

BROOKLYN MEDICAL SOCIETY.—A medical Society has been formed in the Eastern District of Brooklyn, and the following officers have been elected: President, Dr. D. N. COLT; Secretary, Dr. JNO. A. BRADY; Treasurer, Dr. N. L. NORTH. The Society will meet every third Thursday in the month.

United States Laboratory in this City.

For some time past, the building at the northeast corner of Sixth and Oxford streets, formerly occupied by the firm of CREW, ROGERS & CREW, as chemical works, has been undergoing preparations to fit it for a laboratory for the preparation of drugs for army purposes. The Government has authorized the establishment of a similar laboratory in New York, from which and the one in this city will be supplied the medicines for the entire army. The present structure, including the out buildings, has a front of 192 feet on Sixth street, and a like depth on Oxford street, the ground being in the form of a square. The main building is three stories in height and all the operations in the preparation of drugs here will be conducted by steam, there being on the first floor an engine of about twenty-five horse power. The various apartments consist of a mill-room for pulverizing drugs, drying room, packing room, a small room in which to put up poisons, pill room, a store-room for corks and sponges, and a room for the preparation of nitrate of silver and other expensive drugs, a bottling room, etc.

There is also on the second-floor a sewing machine room in which about thirty girls will be employed in manufacturing sheets, pillow-cases, etc., for the army hospitals. On the first floor is an analyzing department, elaborately fitted up for the testing of all samples. The basement is divided into apartments for the storing of liquors and of cod-liver oil and castor oil. The room for draining off the liquors will, by means of steam-pipes passing through it, be kept of a constant temperature, and has shelving for the accommodation of 12,000 bottles.

A one-story building in the rear of the main structure is being extended in length to about 60 feet, and is 20 feet in depth. It is to be used as a carpenter and tinsmith shop for the establishment. The complement of employees, comprising workmen and chemists, will be about fifteen men. As fast as the articles are prepared they will be placed in the building at Sixth and Master streets, now occupied as an army hospital, but which is to be converted into a storehouse for the new laboratory. The preparation of drugs here will be commenced next week. The laboratory is in the charge of Surgeon A. K. Smith, U. S. A., formerly medical director of transportation. Mr. J. M. Maisch, Professor of Pharmacy, is the chief chemist.

The manufacture of preparations which have heretofore been purchased by the Government, will result in a great diminution of expense. But few of the employees have been chosen, and where practicable, Surgeon Smith will give the preference to discharged soldiers.

New Military Hospital.

It is announced that a new hospital for the accommodation of sick and wounded soldiers is shortly to be put up in the vicinity of New York.

Conscription Surgeons.

The following Surgeons have been appointed under the Conscription Act:

In the first Congressional District of this State, Dr. N. H. Marselis; in the third, Dr. A. C. Hart; in the fifth Dr. E. F. Leake.

Reinstated.

In the case of Assistant Surgeon C. H. Rodgers of the 11th Connecticut regiment, who was reported as dishonorably dismissed the service, the Military Commission having reported that a satisfactory defence had been made, he is reinstated.

Death.

A letter, dated inside of the Fort at Washington, N. C., on the 10th instant, announces the death of Dr. Ware, Surgeon of the Forty-fourth Massachusetts regiment.

Answers to Correspondents.

Dr. G. E. B., Kansas.—We have sent you such information as we can obtain, in regard to alumni of medical colleges in this city. Within a few years past, two regular medical colleges have been discontinued, both of which had alumni scattered over the country; but there are several irregular medical colleges in this city, whose graduates undoubtedly possess "Philadelphia diplomas." Graduates of the University of Pennsylvania, and the Jefferson Medical College, and of the late Pennsylvania Medical College, and the Philadelphia Medical College after its reorganization in 1854, *ought* to be intelligent practitioners of legitimate medicine; but all "Philadelphia graduates" did not issue from those schools, which have given this city her proud eminence in medical teaching. There are several irregular schools here, whose graduates will talk louder about their having graduated in Philadelphia than will the intelligent alumni of her legitimate schools.

MARRIED.

Hammond—Lawrence.—In New York, on Wednesday, April 15, at the Church of the Incarnation, by Rev. Beverley Betts, Dr. John F. Hammond, Surgeon U. S. Army, and Miss Caroline Elizabeth Lawrence, of New York.

Smith—Peck.—On Wednesday, April 15, by Rev. Dr. Tyng, Dr. Franklin Smith and Miss Lizzie Peck, daughter of Charles E. Peck, Esq. No cards issued.

Sykes—McCready.—In Ascension Church, on Thursday, April 16, by Right Rev. Horatio Potter, D.D., Rev. Charles L. Sykes, of Richfield Springs, and Lizzie, second daughter of Dr. B. W. McCready, of New York.

Vedder—Outwater.—At Tivoli, on Tuesday, April 14, by Rev. G. Lewis Platt, Rector of St. Paul's Church, Dr. Maus R. Vedder, of Flushing, L. I., and Sarah A., only daughter of the late James Outwater.

DIED.

Booth.—In Williamstown, Mass., on Friday, April 10, Walker Booth, M.D., aged 65 years.

Close.—In Portchester, N. Y., on Tuesday morning, April 14, Dr. Thomas Close, in the 79th year of his age.

Francis.—In New York, on Saturday, April 11, Dr. Isaac Francis, in the 95th year of his age.

Haskell.—In this city, on the 13th inst., Joseph H. Haskell, M.D.

Malone.—On the 13th instant, John Malone, M.D., of this city, late Surgeon of the 71st Regiment, P. V., aged 40 years.

Robarts.—March 30th, Lieutenant James Roberts, aged 21 years, of the steamer Switzerland, Mississippi River Marine Brigade, son of Dr. James Robarts, of Illinois, formerly of Philadelphia.

Whistler.—In Richmond, Va., on the 29th ult., of consumption, in the 24th year of her age, Mrs. Florida B., wife of Dr. Wm. McNeill Whistler, and daughter of Mr. Ralph King, of New York.

VITAL STATISTICS.	Philadelphia. Week ending May 9.	Baltimore. Week ending May 9.	Boston. Week ending May 2.
Population in 1860	565,529	212,418	177,812
Thermometer.			
Highest	.....	.....	.....
Lowest	.....	.....	.....
Mean	.....	.....	.....
Barometer.			
Mean	.....	.....	.....
Mortality.			
Male	160	47	49
Female	130	43	46
Adults	143	50	.....
Under 15 years	140	45	.....
Under 2 years	100	22	.....
Total	290	90	88
Deaths in 100,000	51.28	42.37	49.49
American	224	.....	59
Foreign	50	.....	29
Negro	19	14	.....
I.—Zymotic Diseases.			
Cholera, Asiatic	...	...	...
Cholera Infantum	...	...	...
Cholera Morbus	...	...	...
Croup	2	5	2
Diarrhœa	3	...	...
Diphtheria	5	1	1
Dysentery	2	...	...
Erysipelas	4	2	...
Fever, Intermittent	...	...	...
Fever, Remittent	...	...	...
Fever, Scarlet	9	6	...
Fever, Typhoid	6	1	2
Fever, Typhus	6	...	2
Fever, Yellow	...	...	...
Hooping-cough	1	1	4
Influenza	...	...	...
Measles	3	...	...
Small Pox	7	5	1
Syphilis	1	...	...
Thrush	...	...	...
II.—Sporadic Diseases.			
Albuminuria	...	...	...
Apoplexy	4	...	2
Consumption	35	15	20
Convulsions	10	4	5
Dropsy	12	6	13
Gun-shot Wounds	3	...	...
Intemperance	1	...	2
Marasmus	7	...	...
Pleurisy	...	...	...
Pneumonia	23	6	5
Puerperal Fever	2	...	...
Scrofula	1	...	...
Violence	1	...	...

NOTICE.

The Medical Society of the State of Pennsylvania.

Will hold its Fourteenth Annual Session in Philadelphia, on the second Wednesday, 10th, of June, at 11, A. M.

J. H. Smaltz,
J. M. Stevenson,
Recording Secretaries.

THE

MEDICAL AND SURGICAL REPORTER.

No. 340.] PHILADELPHIA, MAY 23, 1863. [Vol. X.—No. 4.

Original Department.

Communications.

ROUGH NOTES

Of an Army Surgeon's Experience, during the Great Rebellion.

By J. Theodore Calhoun,

Surgeon in Chief, 2d Division, 3d Corps D'Armée.

No. 18.

Camp Diarrhœa—continued.

The prognosis is not unfavorable. It is a difficult and most unsatisfactory disease to treat, yet the number of deaths compared with the number of cases is exceedingly small. The vast majority of cases yield, more or less readily, to treatment; and of those cases which are bad and the patient confined to his bed, but a very few cases terminate fatally, unless complications ensue. The per centage of deaths from pure, uncomplicated diarrhœa is very low. During the whole Peninsular campaign, although I treated cases of diarrhœa and dysentery without number, I did not have one death from the uncomplicated disease.

I have said the disease is a most unsatisfactory one to treat, and I am sure every army surgeon will agree with me. You never know when your patient is well. His dysentery checked and he on duty, you are never certain how long that status is to continue. The patient, after one "right smart" attack, never can place any reliance upon his bowels. The constant recurrence of these cases at "sick call," and the repetition day after day of the same old story without the slightest variation, can only be fully appreciated after a year's trial, and I question then if the doctor who tries it don't picture his elysium as a place where no diarrhœa or dysentery is known, and where every one can count confidently on solid evacuations.

I have already pointed out the dangers to be apprehended from tubercular deposition in the progress of the disease. If phthisis does set in the prognosis is most decidedly unfavorable. The patient will die within a very few days; the course of the disease will be rapid, and its result inevitable, and beyond the skill of man to prevent.

There is another complication not as often recognized as that just referred to, yet little less fatal if it is not. It is an attack of Pernicious Fever, (Wood,) or what is ordinarily known as Congestive Chills. Patients, I am convinced, frequently die with this complication without the disease being suspected, and the death is entered in the monthly report as "Colica." Let me detail a few cases that have come under my immediate treatment or notice, premising that I describe them entirely from memory, as I have no data at hand to which I can refer.

Case I.—Private Wm. P., Co. E, 5th Excelsior, had been sick for some time with Chronic Dysentery, but was so far convalescent at Harrison's Landing, that he was in his quarters and walking around camp. One day he fainted at the sink and was brought into the Regimental Hospital.

He was vomiting, with an expression of countenance indicative of a state of great depression; the features were sunken and cadaveric, and so altered that I hardly recognized him; the pulse was scarcely perceptible; the muscles of his lower extremities were in knots with the cramp. He declared he had eaten nothing but a little toast, and described himself as in his ordinary health when he was suddenly taken with vomiting and faintness.

Friction, heat, etc., externally, with sinapisms to the abdomen and calves of the legs, and stimulants freely given internally failed to have any effect, and he died in a few hours. Circumstances precluded a post mortem examination.

Case II.—Private Oscar C., Co. C, 5th Excelsior, had been troubled with a little diarrhœa while lying before Alexandria last fall. I was called to see him in his quarters with the report that he had been suddenly taken very ill. He was well known to me, yet I should not have recognized him. His features were perfectly death-like; pulse to be felt but with difficulty; vomiting; cramps and pain, as in the case just narrated. I had him carried to the Regimental Hospital; placed a strong sinapism on his abdomen, directed frictions to his legs and thighs, and and gave him brandy and quinine without regard to quantity. He rallied slowly, but it was not until the next day that he began to look like himself, and when we left him at Convalescent Camp, when we moved to Manassas in November, although he had been treated on a tonic and invigorating plan, he was still very feeble.

Case III.—Private Andrew B., wagoner, Co. B., 5th Excelsior, was taken the next day after the case above described, and in precisely the same way, and presenting the same symptoms, though not to so marked an extent. He had a similar treatment, but as he was very intractable it was difficult to get him to take all the stimulants de-

sirable. He rallied, and the next morning was much better and walked around. About ten o'clock, after a few yawns and shivers, the train of symptoms re-appeared, and under a like treatment he again rallied. The succeeding day he had a slight attack, but large doses of quinine prevented the reappearance of the disease. Large doses of quinine and a good diet put the patient on duty again in a few weeks.

Case IV.— —— ——2d Excelsior. The patient was under treatment by Dr. Younglove, Assistant Surgeon of the Regiment, for a mild diarrhœa. A few days after the battle of Fredericksburg, he was taken very ill while in his quarters, and died before assistance could be rendered him. His comrades reported that he vomited freely and complained of cramp and pain.

By request of Dr. Ash, Surgeon of the Regiment, I attended the post mortem examination several hours after death. The stomach exhibited no traces of inflammation; the lungs were moderately congested, otherwise there was little evidence of pathological changes.

Case V.—Private Wm. M., Co. D, 5th Excelsior, was taken as were the patients above described, and under a somewhat similar treatment by Dr. Lodge, Assistant Surgeon 5th Excelsior, he rallied and was convalescing, when on the fourteenth day after the attack he was seized with another turn. He was again fortunate in sustaining it, and the liberal administration of quinine prevented a return of the disease, and in due time he resumed his duties.

These, it seems to me, are clearly cases of Pernicious Fever. The comparatively trivial nature of the illness previous to the attack, the suddenness of the attack, the great and alarming prostration, the periodicity so clearly marked in two of the cases, and the recovery under the anti-periodics and stimulants, seem to me to indicate the nature of the complication.

I know that deaths from this complication are seen in other regiments, and for want of a better term are put down as colic. The vomiting leads too many to look only to the stomach and bowels and to ascribe the result to something the patient must have eaten, but he will declare to the contrary, and an inspection of the ejecta proves his truthfulness. The patient is poisoned with malaria. There may be something in the condition of the system, the result of this diarrhœa, which renders the patient peculiarly susceptible to the malariac poison, as I am inclined to think, or it may be simply that he receives a large dose of the poison.

It is not alone sufficient to stimulate the patient. We must give quinine without regard to quantity; it is best given when there is clearly an intermission, but if there be none the quinine must be given freely, for in that lies the patient's only protection against a second and most probably a fatal attack. As far as my experience goes the liability to attack of Pernicious Fever is the complication of Camp Dysentery, by far the most to be dreaded, and it is most effectually guarded against when quinine is used in the treatment of the dysentery.

I regret that the comparatively few death from Camp Dysentery that I have seen, and the great difficulty that attended post mortem examinations in the field, precluded my describing with any thing like accuracy the pathological lesions of this disease. In some post mortem examinations recently made under my direction, at the Division Hospital of this Division, by Drs. Willing, of the 11th New Jersey, and Ridgeway, of the 4th Excelsior, the large intestine was found very extensively ulcerated, not only the colon but also the upper portion of the rectum. In one or two of the cases, the meseteric glands were considerably enlarged.

A SELECTION OF REMARKABLE CASES,

Occurring in a Practice of Eighteen Years.

By E. N. Chapman, M.D.,

Prof. of Therapeutics, Materia Medica and Clinical Obstetrics in the Long Island College Hospital, Brooklyn, N. Y.

(Continued from page 356, vol. ix.)

Hydrocephalus Chronicus.

A year ago the last fall I was called to see an infant a week old, which, the day previous, was seized with convulsions. The cause could not be detected; and, as the child was well developed and every function seemed to be naturally performed, it was presumed to be an obscure state of irritability of the nerve centres; which, in so young a patient, would in all probability eventuate in death. The convulsions of a light and transitory character, only continuing a few moments, recurred for many weeks, occasionally skipping a few days; though usually, they numbered from five to twenty in the twenty-four hours. After some little trial of the usual remedies, I told the parents the case was hopeless; and that it was not worth our while to trouble the child with drugs that could do no good. Contrary to our expectations, the child continued to live, notwithstanding, there was no amelioration in its symptoms; and to increase in size and plumpness, though its development was tardy and imperfect. About the second month a divergence of the eyes was very noticeable; at four months the head began to enlarge, when the convulsions became less frequent, and eventually ceased altogether; at five months the fontanels were large, the cranial bones widely separated at their sutures, at which time the head must have contained nearly a pint of fluid.

After the period above mentioned, not having seen the child for ten days, I was sent for again. Great was my astonishment at finding the head completely emptied of the dropsical effusion; the bones loose and movable, and the fontanels and spaces, when the sutures were separated, cupped

downwards by the pressure of the atmosphere. The mother, and another woman living in the same house, stated, that for the three previous days, clear drops of water trickled down from the ears and nose, but more especially from the last named; and that at the same time, the head began to lessen in size, the soft parts to fall in and the bones to settle together.

Now also the convulsions returned.

The fluid had ceased to ooze away, when I saw the patient, and none, as I satisfied myself, remained within the skull. I tried, with the hands, what would be the effect of restoring to the brain-mass, as far as possible, an equable pressure; which nature, so to speak, negligently omitted to do in this remarkable freak of her surgery; but as this procedure excited continuous convulsions, the idea that I entertained of applying adhesive strops was not carried out. The child died the following evening. No persuasion could induce the parents to consent to an autopsy.

My colleague, Dr. GILFILLAN, saw this case during the height of the dropsical distension of the head, and when after death the fluid had disappeared.

Procidentia Uteri during Gestation.*

Mrs. W., healthy, spare habit, and the mother of three children, came under my observation during her second confinement. My attention had been called to nothing unusual in her case. I saw Mrs. W. on the 19th November, 1849; she remarked that her womb had been down for three weeks, with a constant bloody discharge, rather freer than the menses, but natural in appearance. For three weeks she had been constantly on her feet attending to her household affairs. During the three weeks she had made many efforts to reduce the womb, which, from its size and tenderness, were ineffectual. I directed her to keep her bed till the next morning, and in the meantime foment the womb constantly, when I would call again and reduce it.

Nov. 20th.—On examination, I found the womb of the size of the two closed fists, completely external to the body. My thumb and fingers could meet above its fundus, external to the vulva, having only the inverted vaginal walls and ligaments of the womb between them. When she was erect, the womb must have extended nearly to her knees. At the time, I supposed the enlargement of the womb arose from its strangulation and congestion. It is proper to remark, that Mrs. W. said she had been subject, since her first child was born, to an almost constant procidentia when she was on her feet, which she never before had found trouble in reducing. I effected the reduction without much difficulty; applied a compress over the vulva, with a T bandage, and directed her to get up after two or three hours.

Nov. 21st.—Immediately on getting out of bed, the procidentia occurred again. I directed her to lie down, and then found the womb more irritable and larger than before. I reduced it immediately, but with considerable difficulty and the exertion of some force. She was directed to keep the recumbent posture and use astringent injections; a putrid discharge followed, and continued five days. On the 4th of December she felt life, fifteen days from the first reduction. After this time she was allowed to get up, and I discontinued my visits after the 8th.

On the 15th of March I was called to Mrs. W. again. She said that she had continued feeling-life stronger and stronger every day since I had last seen her; that the womb had been down many times since my last visit, but that she had been able to put it back; that now it was down further and of greater size than ever before, and that she could not reduce it. Besides, she had labor-pains that recurred every ten minutes. I found the fundus uteri as high as the umbilicus; the neck of the womb, external to the genital fissure, something larger than the two closed fists. Through the os uteri I could feel the child's head resting on the rami of the ischia and ossa pubis. As I failed to reduce the uterus while she lay in bed, I directed her to turn on her face, resting on her knees and shoulders, in which position I easily succeeded. On examination, I felt the os uteri dilated to the extent of a circle two inches in diameter. The pains gradually subsided, and in two hours time the os uteri had contracted to the size of half a dollar.

On the 29th of March she was taken in labor, and delivered of a strong, vigorous female child, weighing six pounds. She must have been at her full term, from the development of the child's head; the posterior fontanel was closed, and the anterior was no more open than usual. No procidentia occurred during the labor, but the womb rested low in the pelvis. Mrs. W. said that the womb had come down every two or three days since the reduction in November, and also in March, but that, by lying down, she could reduce it. Probably after the reduction in November, the procidentia was only partial. During her whole gestation the child's head undoubtedly rested on the perinæum, as she remarked that it always seemed to her that she sat on the child.

She was delivered 130 days after the reduction in November, consequently (allowing 280 days for the term of gestation) she was at that time advanced 150 days, or 21 weeks and three days, or about five months. At this time, it is to be recol-

* Republished from New York Journal of Med., 1854, and Ranking's Abstract, 1855.

lected, when she was five months advanced in pregnancy, the womb had been completely external to her body, hanging nearly to her knees for the space of three weeks; and during this time she continued about her house every day, suffering nothing more than the inconveniences of dragging pains, the discharge, and the obstruction to walking, from the bulk of the womb and its tenderness.

[To be continued.]

Hospital Reports.

PHILADELPHIA HOSPITAL,
January 31st, 1863.

SURGICAL CLINIC OF PROF. GROSS.

Reported by *J. E. Owens*, M. D., Resident Surgeon.

Tertiary Syphilis.

H—— J——, aged 24 years, a Russian by birth. You see, gentlemen, in this case, the loss sustained by tertiary syphilis. The entire external nose is gone. The nasal bones, the nasal processes of the two superior maxillary bones, and the turbinated bones have all been destroyed. The hard and soft palate, the uvula and the tonsils remain uninjured. So extensive is the destruction of parts that the roots of the superior incisor teeth are exposed. There remains an immense cavity extending into the mouth. The patient came into the ward about one month ago, greatly exhausted and emaciated. Five years ago, he had chancres, but no buboes—nor has he had nodes. There is at present a slight scaly eruption upon his body. The nose has been in this condition about a year. There is no alopecia.

It is impossible to say why the disease should explode on a certain set of organs, in preference to others. There is no reason, so far as we know, why it should not have attacked the uvula, the tonsils and the palate. Such effects are consequent upon the remote stage of the disease. The patient came in exhausted from long continued suffering. There has, however, been a wonderful improvement under the administration of the following prescription, repeated every 8 hours:

℞ Potass. Iodid. gr. x
Hydrarg. Bichlorid. gr. 1-10
Syr. Simplicis ʒ ss. M.

In conjunction with this treatment, he takes quinine and iron, milk punch, good diet, and half a grain of sulphate of morphia at night, to procure sleep. The ulcer is granulating, and everything is in a healthy condition. If the weather permits it, we will send him out into the open air. We may be able by and by, to make for the patient a new nose; yet it will be very difficult to do this, on account of the loss of bone. This case, gentlemen, shows in the first place, the humiliating ravages of this horrible disease; and, in the second, the astonishing effects of the specific treatment.

March 24th. The patient has improved rapidly. His appetite is good; he has no pain; his skin is in good condition; he sleeps well.

Stricture and Fistule of the Urethra.

J—— V——, aged 30. On the under portion of the urethra, is observed a small, red papilla, which is diagnostic of urethral fistule. A contraction of the uretha is found near its orifice, in that portion of the tube which corresponds to the head of the penis. Just behind this stricture, a ruinous abscess is found which ultimately produced a fistule. In order to cure the fistule, it is necessary to re-establish the continuity of the canal. The stream of water is the size of a small straw. The stricture, at the seat of the fistule, having been divided, and a catheter passed through it, a second one is encountered at the membranous portion of the canal. The latter is very tight and exceedingly callous. An attempt is made to divide the latter, but owing to the inefficiency of the urethratome, and to the large size, and blunt point of the catheter, we are obliged to postpone further operation. These strictures were caused by gonorrhœa.

March 24th. Another operation has not yet been performed.

Hypopion.

J—— D——, aged 60. This is an interesting case. The opaque deposit, which we see, appears to be in the anterior chamber of the eye; but it is in reality situated in the substance of the cornea. It constitutes what is termed hypopion, which is an infiltration of pus, or of pus and lymph in the cornea, the result of inflammation of its tissues. The patient has also sclerotitis and conjunctivitis. In such an affection, there is a tendency to discharge of the pus, either into the anterior chamber of the eye, or externally. Should this infiltration encroach much upon the iris, it must be evacuated by incision. As the patient suffers much from pain and loss of sleep, Dr. Gross directed a grain of morphia for him at bed time, three grains of quinine four times daily, and one grain of calomel every twelve hours: exclude the light and use cold or tepid water to the part, according to the feelings of the patient. When the disease is attended with active inflammation in a stout, robust person, take blood from the arm, and by leeches from the temples; but usually depletion in all its forms is contra-indicated.

March 24th. The patient has recovered; but there is still some opacity. He can see out of the affected eye, but his vision is impaired.

Editorial Department.

Periscope.

FOREIGN.

REVIEW AND SUMMARY
Of
"Clinical Studies upon Repeated Evacuations of the Aqueous Humor in Diseases of the Eye."*

TRANSLATED AND ARRANGED
For the Medical and Surgical Reporter,
BY A. METZ, M. D.,
Of Masillon, O.

Preliminary Remarks.

M. SPERINO does not give Ophthalmo-centesis as a new method; he claims nothing, but the manner of its application, and the extent thereof. He gives the following preliminary remarks: "I use a small double-edged knife, very slightly curved on the blade, and presenting a longitudinal projection upon each of its facets, which renders it a little convex transversely, and facilitates the penetration of the

* This is the Review and Summary of a volume of 494 pages by C. SPERINO, Professor of Ophthalmology in the University of Turin, edited by the co-operation of CH. REYMOND, assistant of the Ophthalmological Clinic, etc. It is from the pen of Doctor WARLOMONT, in the October number of "*Annales d'Oculistique*," 1862.

instrument. The breadth is nearly three millimètres. This knife, the same as used by M. Guerin for subconjunctival strabotomy, is introduced into the anterior chamber, the concave surface forward, at a point selected in the circumference of the cornea, or even encroaching a little upon the sclerotica, at its extreme limits, where it already covers the cornea. The first time of the operation, is not intended to evacuate the aqueous humor; that is much better regulated with a small button-ended stylet of metal or whalebone. To evacuate the humor, the stylet is introduced in the opening, and slight pressure made backward. The place of election for the puncture is made near the periphery or sclerotical border of the cornea so as to leave no cicatrix. The evacuation of the aqueous humor by the same opening, can be practiced in two manners, *coup sur coup*, and followed by several days of repose, or at longer intervals, and during a very long time. This is done by means of the blunt stylet introduced mornings and evenings, or several times a day. A compress of ice water is applied to the eye, and retained several hours after each evacuation. The dietetic system need not be changed."

The repeated evacuations of the aqueous humor, exercise a powerful influence upon the circulation, the innervation and the nutrition of the eye. In emptying the anterior chamber, the internal pressure is relieved; in repeating the evacuations, an abundant secretion of the aqueous humor is provoked, and by multiplying the evacuations, the augmented secretion can be rendered almost continual. "As the first effects," says the author, "we have the regularization of the circulation, and the diminution of the congestion or inflammation, whatever its form, seat or intensity. I say regularization, for the circulation in becoming physiological, acquires the activity observed in the circulation of all organs consequent on the prolonged exercises of their functions."

These are the considerations which have served M. Sperino as points of departure for the establishment of his indications for ocular paracentesis, where we will succinctly follow him.

I. Chronic Glaucoma.

MM. Græfe and Mackenzie have reported examples of cures nearly durable, or of the arrest of chronic Glaucoma by paracentesis: but they have stopped with the puncture and one evacuation of the anterior chamber. M. Sperino has instituted this practice, and by it has the most constant success. As the aqueous humor evacuates, the pupil, more or less dilated, immediately contracts and regains its mobility, but soon relapses to the size before the operation. It is only at the end of a number of evacuations that this effect is of longer duration, and finally altogether persistent. At the same time the injection of the deep vessels of the scloratica diminishes; the globe becomes softer, the return of sensibility follows. The phenomena most interesting and also the most important to establish, is the very manifest augmentation of the aqueous humor, in proportion to the repetition of the evacuations, and especially the correlation which exists between this superactivity of secretion, and the disappearance of the other symptoms of glaucoma. This augmentation ordinarily precedes a day or two, the amelioration of vision, which permits a sure prognosis. At the same time the diameters of the anterior chamber regain little by little their normal state. When the latter presents a tint slightly dull and dirty, the eye is cleared by the evacuations. Finally a complete change of the external bulb of the eye takes place, restoring its vivacity and normal white color. The deep parts of the eye undergo the same amelioration as in irridectomy. Sometimes the amelioration of sight is so prompt as to be truly astonishing; a single evacuation sometimes enables the patient to realize a sensible improvement.

The evacuations and irridectomy are followed by analogous phenomena; only irridectomy acts more promptly; the author combines the two operative methods. In the first period when the patient yet readily distinguishes objects of medium size, the evacuations are sufficient; five or six sittings for evacuations, *coup sur coup*, or rather one or two weeks of daily evacuations procure ordinary relief bordering nearly on a cure. If the case is more advanced, it is necessary to continue them a longer time, and frequently to suspend them after a few days to husband the ocular sensibility, and then resume them again. If the glaucoma has reached its last stages, the evacuations no longer suffice; we commence with them for several days, and then irridectomy is performed. When relief by this operation is not manifested or not sustained, the evacuations are again resorted to. These are sometimes fruitfully applicable in cases of relapse after irridectomy. It is especially in the most grave cases, when glaucoma is complete, that the combination of the two methods is of evident efficacy.

The author cites eighteen cases in which six are reported completely successful, brought about by evacuations alone, in cases more or less grave, and twelve by irridectomy combined with evacuations. The latter always were practiced with success when irridectomy had only given negative or incomplete results. In one case a phlegmon of the eye brought about by the imprudences of the patient, neutralized the result, up to that time almost complete.

II. Choroidite Posterieur; Sclero-Choroidite posterieur; Staphyloma posterieur; Amaurose Glaucomateuse.

In these affections the choroidea is not in a physiological state; it is congested, and the congestion as it extends is diminished towards the equator. Choroiditis may assume various forms. As to the color the choroid may present changes, according to the pigmentation, according to the shade of the congestion, more decided in one or another order of vessels. In all the varieties the evacuations have an equally efficacious action; in those cases where general choroiditis tends to produce atrophy of its elements, they arrest the atrophy of the pigment, and choroid. When a mass of pigment is formed, we do not obtain its constant, nor always its complete disappearance, but it is never augmented nor produced from the time of the evacuations. If the affection is far enough advanced to produce momentary obscurity of vision, it is seen immediately to disappear. Here, as in glaucoma, we must not limit ourselves to a first treatment; the patient after a period of repose, ought to submit again to the evacuations, as long as amelioration is attained. It must not be forgotten that those affections are rarely the result of merely local lesion, and an appropriate general treatment ought to be concurrently established.

Eighteen cases of cures, or of notable amelioration are reported of the divers affections specified at the head of this paragraph.

III. Asthenopia; Mydrirasis.

In asthenopia we ordinarily observe the general condition of the organism predisposed to congestion of the choroidea. The vortices of the equator, and especially the anterior, show themselves to the ophthalmoscope, less dilated, less red after the cure, from which we may admit as a cause of asthenopia, the compression by the engorged vessels, of the

nerves particularly concerned with accommodation. Few evacuations of the aqueous humor suffice for the re-establishment of the dimensions of the anterior chamber, the movement of the iris, and to remove, day by day, the presbyopia. They not only relieve the congestion of the retina, but also regulate the normal activity of the circulation. Ten cures are reported under this class of diseases.

IV. Hemeralopia.

The author treats by this method, such cases of this affection as do not yield readily to the ordinary means. In the three cases of cures that he reports, congestion of the choroid had previously been detected.

V. Disorders in the circulation of the Retina; Retinitis; Exudations upon the Retina and Choroid.

This affection, isolated or combined, is nearly always found with chroidal inflammation, the treatment by evacuations will also be quite efficacious. The exudations on the retina and choroid are rapidly absorbed, as is demonstrated by annexed report of six cases.

VI. Detachment of the Retina; Atrophy, extensive, grave, of the Choroidea.

If the raising of the retina is caused by sub-retinal hæmorrhage, circumscribed as well as extensive, when recent, the complete absorption of the extravasation, and the return of vision in the raised part, may be expected. If the sensibility of the whole retina is not extinct, ordinarily by the first evacuation, very sensible improvement of vision is obtained proportioned to the degree of the congestion; only the intolerance to the operation often continues a few days. Sometimes the tumor formed by the raised retina is seen sensibly to diminish; the field of vision is extended, and sometimes along the borders of the raised part, sensibility is regained. Here it is necessary to evacuate only a part of the aqueous humor, and to suspend the procedure on the least indication of reaction, and double vigilance is demanded. The general treatment must not be neglected. The author reports four cases notably relieved by his operations.

VII. Opacity of the Vitreous Body.

This alteration, when accompanied with affection of the deep membranes of the eye, is not relieved until the disappearance or sensible alleviation of the disorders of the internal circulation. Absorption is not possible in an eye in which the choroid and iris are inflammed, or much congested. Under such circumstances, the patient sees better, more clearly, after a few evacuations, and the more decided are the symptoms of congestion, the more prompt, is the relief. The signs of relief are accompanied by the symptoms that denote a more normal condition of the diseased internal membranes; the reappearance of *phosphènes*, return of the anterior to its normal dimensions, etc., etc. It is only then that a true change in the vitreous body can be detected. The extensive opacities disappear slowly. When the general opacity has interspersed through it larger, more opaque, and consequently more obscure bodies, which disappear latest, until greyish granules are seen floating in the vitreous body. The nearer they are to the lens, the more speedily they seem to be absorbed. When the trouble of the vitreous humor is connected with alterations yet existing in the iris or ciliary body, the opacities are not absorbed until after the disappearance of those alterations; this absorption is the more rapid, as the atrophy of the vessels of the choroid toward the equator of the bulb is less decided. The age of the alterations in the vitreous body, abstractions made of the progress and of the degree of the malady do not always appear to cause any great variations in the action of the evacuations.

The precise duration of the treatment cannot be fixed; combatting the general causes must never be neglected. When there is at the same time detachment of the retina, it is necessary to act with extreme prudence, and not empty each time the anterior chamber wholly, but partially; the prolonged application of iced compresses, and perhaps also a little compression of the eye with heavy ice compresses, will guard against accidents. A molecular change, and absorption of morbid products must not be looked for until after the bulb has regained its consistence and normal form; it is congestion that must first be combatted; secretion and absorption are not modified until later. Then the circulation is rendered active by the evacuations and the work of modification of the secreted liquid is the more speedy and complete, in proportion as the circulation of the choroid has been enabled to resume regularly its functions. The vitreous body cannot regain all of its primitive characteristics, but will regain its quantity and transparency.

Eleven cases minutely detailed confirm the accuracy of the views expressed above.

VIII. Choroido-Iritis.

The evacuation of the aqueous humor in these slow affections, against which the resources of art are ordinarily powerless, is of incontestible efficacy, especially when combined with irridectomy. The author illustrates this by the history of eleven cases, which leave no doubt as to the importance to be attached to this energetic practice.

[To be continued.]

Reviews and Book Notices.

Clinical Lectures on the Diseases of Women and Children. By Gunning S. Bedford, A. M., M. D., Prof. of Obstetrics, the Diseases of Women and Children, and Clinical Obstetrics, in the University of New York; author of the Principles and Practice of Obstetrics. "*Medicus curat morbos, natura sanat Hippocrates.*" *Eighth edition*, carefully revised and enlarged. Pp. 668. New York: William Wood & Co. 1863. Price, $3.50.

The first edition of this work was published in 1855, since which time there has been a demand for a new edition every year. This fact bears sufficient testimony to the popularity of the work, which must have unusual claims to merit, thus to continue in public favor. Very few authors have been more fortunate than Dr. Bedford. His books have been well received by critics, both in America and Europe, and editions of the work before us have been published in the French and German languages.

The present edition, besides amendments and additions to the text, contains an additional lecture on Carcinoma of the Uterus, which we have perused with a great deal of interest, and which evinces learning, observation and research. The author—and he has the support of other writers—attributes a much greater frequency to this terrible disease than we had supposed properly belongs to it. We doubt whether many of our readers are prepared for the assertion that carcinoma of the uterus is of much greater frequency than cancer of the breast; yet such it is asserted, is the fact. It is but natural to wish that our author could have thrown some light on the curative treatment of this sad disorder.

The work is well printed on good paper, and is issued in good style.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MAY 23, 1863.

MALIGNANT SCARLATINA;
"Spotted Fever."

It is well known to the profession, that under certain circumstances, ordinary diseases appear under forms that, to the superficial observer, gives the idea that the disease is a new one. Hence the newspapers, the public, and some ignorant physicians, are ever and anon announcing the appearance of new epidemics, diseases that were never heard of before, etc.

Such has recently been the case in the vicinity of Philadelphia, where a few cases of a malignant form of scarlet fever have occurred, causing great and unnecessary alarm in some neighborhoods. The intelligent physician very soon learns the character of an epidemic, whatever form it may wear, and adapts his remedies accordingly. Such has been the case with respect to the cases referred to above, which have appeared in the neighborhood of this city. We have heard of no cases occurring within the thickly populated portions of the city.

The following communication from Dr. Elwood Harvey, of Chester, Pa., will throw some light on the subject:

The existence in Philadelphia and vicinity of a disease which is characterized by petechiæ and great fatality, is well known to our profession hereabout, and to the public, which has given it the name of "Spotted Fever." Having seen some cases of it that looked like malignant scarlatina, I wrote to a few physicians in places where it was prevalent, to ask for the results of their observations, and to inquire particularly what other epidemic disease, if any, immediately preceded or accompanied the so-called "new disease." In response to my inquiries I received, among several others, the following from Dr. J. B. Dunlap, of Norristown, which is so full of information that I asked his permission to make some extracts from it for publication. In his reply assenting to the publication, he says: "I had no idea at the time I wrote it that it would become public property, but I have no reason why it should be withheld from the profession if it would be at all acceptable. I have given you the results of my observations honestly, and if they do not coincide with those of others more capable of judging correctly, they may, at least, suggest a closer attention to the character of the disease in question." His letter is dated Norristown, May 9, and in it he says, after admitting the existence there of a malignant and fatal disorder, but doubting its being a new disease: "Within the last four weeks I have had six cases of the disease here styled 'Spotted Fever.' The first was a little girl four years of age; she had a chill, complained of some soreness of throat, and a rash simulating that of scarlatina was indistinctly visible on the face and back. At my second visit I found her laboring under great prostration, difficult respiration, a mottled condition of the whole surface, with isolated patches of petechiæ. I diagnosed congestive scarlatina, if I may be permitted to use that expression, and treated the case with chlorate of potash, warm brandy and wine-whey internally, and by frictions with hot alcohol and the external application of artificial heat in blankets, bottles of hot water, &c. She recovered, but convalescence was slow. For days I gave her Huxham's tincture, chlorate of potash, and tincture of iron, with a good rich diet. She has now purulent otorrhœa and a partial paralysis of the left leg.

The second case was a child three years of age. He had the eruption of scarlatina indistinctly spread over the whole body; no other symptom was present, and I thought he would require but little medical attention. Early on the following morning I was sent for and found the little patient comatose, the surface cool with a few petechiæ. He was treated with stimulating frictions and warmth externally, and with blisters to the temples. In a few hours he recovered from the stupor, and as soon as able to swallow, chlorate of potash, wine-whey and warm brandy were administered, with as much nutriment as he would swallow. The little fellow is recovering, with his hearing somewhat impaired. I am firm in the belief that this was a clear case of scarlatina, not judging from the symptoms alone, but also from the fact, that a servant girl in the family had, at the same time, well-developed scarlet fever, from which she has just recovered."

Dr. Dunlap describes several other cases which he treated, and which did not differ materially from those I have quoted. In conclusion, he says: "As you have asked for my views in reference to the subject, I will honestly give you them. I do not believe that a new disease, as you justly remark, vulgarly called 'spotted fever,' has been among us; but I do believe, that an ugly, masked form of scarlet fever has. I know of two of our most intelligent physicians who have been called in consultation in cases termed 'spotted fever,' and they both told me they were

cases of scarlet fever, and that all the sequelæ were identical with those of scarlet fever."

Dr. George W. Holstein, of Bridgeport, Montgomery county, says: "A stimulating treatment has seemed to answer a better purpose than any other in this disease styled 'spotted fever.' Turpentine has been my chief dependence, given by the mouth and as an enema.

Dr. J. K. Reid, of Conshohocken, says there have been eight cases there, and he has found a stimulating treatment most useful.

Here, in Chester and vicinity, about twenty cases have occurred in a population of six thousand, (6,000.) My first case was clearly a case of scarlet fever. The tongue, throat, and eruption were all so precisely like other cases of that disease, which was then very prevalent here, that no physician, I think, could be in doubt if he saw the case. There had been a case of scarlet fever in the family about ten days before, and the patient had been exposed to the contagion. He died in a convulsion; and after death suggillations appeared chiefly in the under part of the body, to which the disorganized blood was determined by gravity, and about the neck and breast, where the eruption of scarlatina had been most developed. A few incisions through the skin revealed the fact, that these spots were caused by the accumulation of uncoagulated blood. In the absence of the attending physician, I was called to another case which died on the day I saw it. It was, I think, a case of scarlatina; and that opinion is confirmed by the existence of two plainly marked cases of that disease in the same family at the same time. There was no eruption of scarlatina visible when I saw the case, but the parents told me there had been, and the livid spots appeared about the time of the child's decease.

As my purpose is not to give you my views in relation to this disease on any other point than its true nature, I shall not detail the symptoms and treatment of other cases, but will merely say, that I have seen nothing in any of them to make me doubt that it is a peculiar form of malignant scarlatina.

THE HUMAN WHEEL,

Its Spokes and Felloes.

In the "Atlantic Monthly" for this month, Dr. Oliver Wendell Holmes has an elaborate, and well-written illustrated article under the above title, in which he enters somewhat into the physiology of walking. Dr. Holmes shows that while human ingenuity has been equal to making a machine that will *speak*, it has been unequal to the task of making a *walking* machine. In this connection he introduces a notice of the nearest approach to such a machine that has ever been made—the artificial limbs of our townsman B. Frank Palmer, Esq. We will let Dr. Holmes speak for himself.

The starting-point of this paper was a desire to call attention to certain remarkable American Inventions, especially to one class of mechanical contrivances, which, at the present time, assumes a vast importance and interests great multitudes. The limbs of our friends and countrymen are a part of the melancholy harvest which War is sweeping down with Dahlgren's mowing-machine and the patent reapers of Springfield and Hartford. The admirable contrivances of an American inventor, prized as they were in ordinary times, have risen into the character of great national blessings since the necessity for them has become so widely felt. While the weapons have gone from Mr. Colt's armories have been carrying death to friend and foe, the beneficent and ingenious inventions of Mr. Palmer have been repairing the losses inflicted by the implements of war.

It is not two years since the sight of a person who had lost one of his lower limbs was an infrequent occurrence. Now, alas! there are few of us who have not a cripple among our friends, if not in our own families. A mechanical art which provided for an occasional and exceptional want has become a great and active branch of industry. War unmakes legs, and human skill must supply their places as it best may.

Our common idea of a wooden leg is realized in the "peg" of the Greenwich pensioner. This humble contrivance has done excellent service in its time, and may serve a good purpose still in some cases. A plain working-man, who has outlived his courting days and need not sacrifice much to personal appearance, may find an honest, old-fashioned wooden leg, cheap, lasting, requiring no repairs, the best thing for his purpose. In higher social positions, and at an age when appearances are realities, in the condition of the Marquis of Anglesea, for instance, it becomes important to provide the cripple with a limb which shall be presentable in polite society, where misfortunes of a certain obtrusiveness may be pitied, but are never tolerated under the chandeliers.

The leg invented by Mr. Potts, and bearing the name of the "Anglesea leg," was long famous, and doubtless merited the reputation it acquired as superior to its predecessors. But legs cannot remain stationary while the march of improvement goes on around them, and they, too, have moved onward with the stride of progress.

A boy of ten years old, living in a New Hampshire village, had one of his legs crushed so as to

require amputation. The little fellow was furnished with a "peg," and stumped around upon it for ten years. We can imagine what he suffered as he grew into adolescence under the cross of this unsightly appendage. He was of comely aspect, tall. well-shaped, with well-marked, regular features. But just at the period when personal graces are most valued, when a good presence is a blank check on the Bank of Fortune, with Nature's signature at the bottom, he found himself made hideous by this fearful-looking counterfeit of a limb. It announced him at the threshold he reached with beating heart by a thump more energetic than the palpitation in his breast. It identified him as far as the eye of jealousy could see his moving figure. The "peg" became intolerable, and he unstrapped it and threw himself on the tender mercies of the crutch.

But the crutch is at best an instrument of torture. It presses upon a great bundle of nerves; it distorts the figure; it stamps a character of its own upon the whole organism; it is even accused of distempering the mind itself.

This young man, whose name was B. Frank. Palmer, set himself at work to contrive a limb which should take the place of the one he had lost, fulfilling its functions and counterfeiting its aspect so far as possible. The result was the "Palmer leg," one of the most unquestionable triumphs of American ingenuity. Its victorious march has been unimpeded by any serious obstacle since it first stepped into public notice. The inventor was first introduced by the late Dr. John C. Warren, in 1846, to the Massachusetts General Hospital, which institution he has for many years supplied with his artificial limbs. He received medals from the American Institute, the Massachusetts Charitable Association, and the Great Exhibition in New York, and obtained an honorary mention from the Royal Commissioners of the World's Exhibition in London,—being the only maker of legs so distinguished. These are only a few of fifty honorary awards he has received at various times. The famous surgeons of London, the *Société de Chirurgie* of Paris, and the most celebrated practitioners of the United States have given him their hearty recommendations. So lately as last August, that shrewd and skilful surgeon, Dr. Henry J. Bigelow, who is as cautious in handling his epithets as he is bold in using the implements of his art, strongly advised Surgeon-General Hammond to adopt the Palmer leg, which, after a dozen years' experience, he had found none to equal. We see it announced that the Board of Surgeons appointed by the Surgeon-General to select the best arm and leg to be procured by the Government for its crippled soldiers chose that of Mr. Palmer, and that Dr. Hammond approved their selection.

We have thought it proper to show that Mr. Palmer's invention did not stand in need of our commendation. Its merits, as we have seen, are conceded by the tribunals best fitted to judge, and we are therefore justified in selecting it as an illustration of American mechanical skill.

Man, according to the Sphynx, is successively a *quadruped*, a *biped*, and a *tripod*. But circumstances may change his natural conditions. If he loses a leg, he becomes a *uniped*. If he loses both his legs, he becomes a *nulliped*. If art replaces the loss of one limb with a factitious substitute, he becomes a *ligniped*, or, if we wish to be very precise, a *uniligniped;* two wooden legs entitle him to be called a *biligniped*. Our terminology being accepted, we are ready to proceed.

To make ourselves more familiar with the working of the invention we are considering, we have visited Mr. Palmer's establishments in Philadelphia and Boston. The distinguished "Surgeon-Artist" is a man of fine person, as we have said. But if he has any personal vanity, it does not betray itself with regard to that portion of his organism which Nature furnished him. There is some reason to think that Mr. Palmer is a little ashamed of the lower limb which he brought into the world with him. At least, if he follows the common rule and puts that which he considers his best foot foremost, he evidently awards the preference to that which was born of his brain over the one which he owes to his mother. He walks as well as many do who have their natural limbs, though not so well as some of his own patients. He puts his vegetable leg through many of the movements which would seem to demand the contractile animal fibre. He goes up and down stairs with very tolerable ease and dispatch. Only when he comes to *stand* upon the human limb, we begin to find that it is not in all respect equal to the divine one. For a certain number of seconds he can poise himself upon it; but Mr. Palmer, if he indulges in verse, would hardly fill the Horatian complement of lines in that attitude. In his anteroom were unipeds in different stages of their second learning to walk as lignipeds. At first they move with a good deal of awkwardness, but gradually the wooden limb seems to become, as it were, penetrated by the nerves, and the intelligence to run downwards until it reaches the last joint of the member.

The *willow*, which furnishes the charcoal for the gunpowder that blows off limbs, is the wood chosen to supply the loss it has helped to occasion. It is light, strong, does not warp or "check" so much as many other woods, and is, as the workmen say, *healthy*, that is, not irritating to the parts with which it is in contact. Whether the *salicine* it may contain enters the pores and invigorates

the system may be a question for those who remember the drugs in the Sultan's bat-handle and the remarkable cure they wrought. This wood is kept in a dry-house with as much care as that intended for the manufacture of pianos. It is thoroughly steamed also, before using.

The wood comes in rudely shaped blocks, as lasts are sent to the factory, seeming to have been coarsely hewed out of the log. The shaping, as we found to our surprise, is all done by hand. We had expected to see great lathes, worked by steam power, taking in a rough stick and turning out a finished limb. But it is shaped very much as a sculptor finishes his marble, with an eye to artistic effect,—not so much in the view of the stranger, who does not look upon its naked loveliness, as in that of the wearer, who is seduced by its harmonious outlines into its purchase, and solaced with the consciousness that he carries so much beauty and symmetry about with him. The hollowing out of the interior is done by wicked-looking blades and scoops at the end of long stems, suggesting the thought of dentists' instruments as they might have been in the days of the giants. The joints are most carefully made, more particularly at the knee, where a strong bolt of steel passes through the solid wood. Windows, oblong openings, are left in the sides of the limb, to insure a good supply of air to the extremity of the mutilated limb. Many persons are not aware that all parts of the surface *breathe* just as the lungs breathe, exhaling carbonic acid as well as water, and taking in more or less oxygen.

One of the workmen, a pleasant-looking young fellow, was himself, we were told, a ligniped. We begged him to give us a specimen of his walking. He arose and walked rather slowly across the room and back. "Once more," we said, not feeling quite sure which was Nature's leg and which Mr. Palmer's. So he walked up and down the room again, until we had satisfied ourselves which was the leg of willow and which that of flesh and bone. It is not, perhaps, to the credit of our eyes or observing powers, but it is a fact, that we deliberately selected *the wrong leg*. No victim of the thimble-rigger's trickery was ever more completely taken in than we were by the contrivance of the ingenious Surgeon Artist.

Our freely expressed admiration led to the telling of wonderful stories about the doings of persons with artificial legs. One individual was mentioned who *skated* particularly well; another who *danced* with zeal and perseverance; and a third who must needs *swim* in his leg, which brought on a dropsical affection of the limb,—to which kind of complaint the willow has, of course, a constitutional tendency,—and for which it had to come to the infirmary where the diseases that wood is heir to are treated.

But the most wonderful monuments of the great restorer's skill are the patients who have lost both legs—*nullipeds*, as presented to Mr. Palmer, *bilignipeds*, as they walk forth again before the admiring world, balanced upon their two new-born members. We have before us delineations of six of these hybrids between the animal and the vegetable world. One of them was employed at a railway station near this (Atlantic) city, where he was often seen by a member of our own household, whose testimony we are in the habit of considering superior in veracity to the naked truth as commonly delivered. He walked about, we are assured, a little slowly and stiffly, but in a way that hardly attracted attention.

The inventor of the leg has not been contented to stop there. He has worked for years upon the construction of an artificial *arm*, and has at length succeeded in arranging a mechanism, which, if it cannot serve a pianist or violinist, is yet equal to holding the reins in driving, receiving fees for professional services, and similar easy labors. Where Mr. Palmer means to stop in supplying bodily losses it would be premature to say. We suppose the accidents happening occasionally from the use of the guillotine are beyond his skill, and spare our readers the lively remark suggested by the contrary hypothesis.

It is one of the signs of our advancing American civilization, that the arts which preserve and restore the personal advantages necessary or favorable to cultivated social life should have reached such perfection among us. American dentists have achieved a reputation which has sent them into the palaces of Europe to open the mouths of sovereigns and princes as freely as the jockeys look into those of horses and colts. Bad teeth, too common among us, help to breed good dentists, no doubt; but besides this, there is an absolute demand for a certain comeliness of person throughout all the decent classes of society. It is the same standard of propriety in appearances which lays us open to the reproach of caring too much for dress. If the national ear for music is not so acute as that of some other peoples, the national eye for the harmonies of form and color is better than we often find in older communities. We have a right to claim that our sculptors and painters prove so much as this for us. American taste was offended, outraged, by the odious "peg" which the Old-World soldier or beggar was proud to show. We owe the well-shaped, intelligent, docile limb, the half-reasoning willow of Mr. Palmer, to the same sense of beauty and fitness which moulded the soft outlines of the Indian Girl and the White Captive in the studio of his name-sake at Albany.

Notes and Comments.

Medical Society of the State of Pennsylvania.

We trust there will be a full representation from all the counties at the meeting of this Society, in this city, on 10th of June. Preparation will be made by the Committee of Arrangements for a suitable reception of delegates.

The list of those elected to represent the *Philadelphia County Medical Society* will be found in another column.

District Medical Society for the County of Essex, New Jersey.

The District Medical Society for the County of Essex met on Monday, May 4, at the Park House, Orange, at two o'clock, P. M. There were twenty-eight members present. Dr. Stephen Wickes, President. He read a highly interesting paper on the subject of "The Medical Man, his History and Relations." A vote of thanks was tendered by the Society to Dr. Wickes, and he was requested to publish it in some of the Medical Journals. Drs. Robert Rusket, and George W. Stickney were elected members of the Society. Drs. I. A. Nichols and Milton Baldwin were then chosen Censors, to supply the places of those absent at the seat of war.

The following officers were elected for the ensuing year. Dr. W. M. Brown, President,; Wm. Pierson, Jr., Vice President; P. L. Dodd, Secretary; E. P. Nichols, Treasurer.

Delegates to the State Society—Drs. L. M. Crane, J. A. Cross, P. L. Dodd, Christopher Eyrich.

Alternates—Drs. A. M. Mills, R. A. Osborne, E. P. Nichols, I. A. Nichols.

Drs. Brown and Personet were chosen delegates to the National Medical Convention, which meets this year at Chicago, with the power to fill vacancies. Drs. Dougherty, Grant, Woodhull, and Selden, were chosen Essayists.

The next annual meeting will be held in Newark.

Meteorological and Hygrometrical Reports.

Through the courtesy of Benjamin J. Leedom, Esq., of Bluffdale, near Germantown, we shall be able to publish weekly, a complete meteorological and hygrometrical table of observations taken in Philadelphia. This will exhibit the state of the thermometer at three different hours of the day, and the lowest temperature during the night; the height of the barometer will be given daily; a statement will be made of the direction of the wind; and the amount of rain, which falls during the twenty-four hours will be recorded. This will be a valuable addition to our vital statistic tables, which we are anxious to make useful to physicians, and as perfect as possible.

Correspondence.

FOREIGN.

LETTER FROM W. N. COTE, M. D.

Geneva, *Jan.* 3, 1863.

Thallium.

Editor Med. and Surg. Reporter:—It appears, from a second communication of M. Lamy on the subject of thallium, that if the discoverer, Mr. Crookes, at first discovered it to be a non-metallic substance, he was not far wrong. At least Mr. Lamy finds it wanting in one of the chief properties of metals, viz.: The power of conducting electricity and heat, since the effects of induction developed in the metal are of but slight intensity when the circuit of the pole is successively closed and broken. Thallium and its compounds are dia-magnetic, and its density is enormous, being 11.862 or 0.5 more than lead. Its specific heat is 0.0325; its chemical equivalent 204. The aqueous solutions of its salts are not precipitated either by alkalies or alkaline carbonates, or by the yellow and red ferro-cyanides of potash. But hydrochloric acid produces an all but insoluble white precipitate, which is a protochloride. Iodide of potassium, chloride of platinum, and chromate of potash, yield yellow and insoluble precipitates. Zinc precipitates thallium from its solutions, especially from that of the sulphate, in brilliant laminæ variously ramified. Thallium combines with oxygen in two different proportions. The protoxide is soluble in water, to which it imparts alkaline and caustic properties. It is yellow if hydrated, and black in the contrary case. If heated in concentrated alcohol, a part of it is dissolved and a curious compound formed, called *thallic alcohol*, by M. Lamy. It is a limpid oil, possessing great refractive power and a caustic taste. Its density is 3.50. The black peroxide is obtained by burning thallium in oxygen. It is composed of one equivalent of the metal and three of oxygen. It is insoluble and melts at a bright red heat, losing some of its oxygen. The carbonate of thallium is soluble in water, and crystalizes in long prismatic needles of a greyish yellow. The nitrate is the most soluble salt of this metal. There are three chlorides and one sesquichloride, crystalizing in fine, yellow, hexagonal plates. Its density is 5.90.

Tumors of the Brain.

M. Flourens, in a recent article, discusses the possibility of healing tumors of the brain. From his experiments effected in 1822, it appears that either the whole brain, or only one of its lobes may be abstracted without causing the death of the subject, which, in all the cases alluded to, recovered completely. The same may be said of the cerebellum. In every mutilation of the brain a hard and yellow substance is formed, which constitutes the scar. Abscesses may be artificially produced in the brain by introducing a leaden ball or any other extraneous substance into it; pus is then formed within

the first ten or twelve hours, but no hemorrhage takes place, nor is there subsequently any formation of the scar producing the substance just mentioned.

The Seat of the Soul.

M. Flourens now proceeds to examine the old question of the seat of the soul, which, he contends, must exist in the brain; but in what part of it? Descartes placed it in the pineal gland; Lapeyronie, on the contrary, in the *corpus callosum*; Willis, in the *corpora striata;* and Vieussens in the *centrum ovale*. Lapeyronie showed that it could not exist in the pineal gland, because the latter was often found ossified or petrified; nor in the corpora striata, because they had been found destroyed without there being any disturbance of the reasoning faculties. Now, M. Flourens observes that the corpus callosum is but a kind of junction, and is wanting in many mammalia, and that Lapeyronie was not aware of the fact that a single lobe is sufficient for the complete exercise of the intellectual faculties. It is idle to seek out a particular part of the frame as the seat of the soul, since all these delicate parts which constitute it, such as the *cornu ammonis*, the *hippocampus minor*, the *corpora fimbriata*, etc., all contribute their share to the vitality of the intellectual functions.

Porcelain Sonde.

Professor Nelaton, in a late clinical lecture, made some interesting observations on the case of General Garibaldi, with reference to the methods he had adopted to set at rest the question so long agitated as to the presence of the projectile which had inflicted the wound. M. Nelaton, on his first visit, had fully convinced himself that the ball was still in the wound, and also at what distance from the surface. Percussion with an exploring instrument gave out a dull, heavy sound, which would not have been produced had the body been simply a necrosed portion of bone. On returning to Paris, M. Nelaton, however, looked for some means of equally convincing others. He contrived a *sonde* with a roughened extremity, like a file, which, by a slight rotatory movement, would be capable of removing some particles of the body it came in contact with. This contrivance was, however, superseded by another. It consisted of a *sonde*, with its termination in a small, olive-shaped body, made of white, unvarnished porcelain, and capable of receiving a stain from a metallic body like lead, which would not be easily effaced. This instrument was forwarded to M. Zanetti, and it was in that way that the professor and his colleagues fully convinced themselves that M. Nelaton's opinion was well founded, and by adopting the method which that gentleman had proposed of gradually dilating the opening of the wound, they have at last happily succeeded in removing the projectile.

Chemical Phenomena of Breathing.

The study of the chemical phenomena resulting from the act of breathing has claimed the attention of many celebrated philosophers, but one of the chief obstacles generally met with by experimentalists, in arriving at a satisfactory result, has been the difficulty of placing the subject, whether a man or an animal, in a condition of every-day life while the experiment was in progress—a desideratum, but imperfectly attained by confining the subject in a small room without any accurate means either of renewing the air in a given proportion, or of letting out a part of it. Through the munificence of the King of Bavaria, Dr. Max Pettenkofer, of Munich, has at length been enabled to construct an apparatus offering every desirable facility for the purpose in view. It consists of a room containing a space of 36.7 cubic feet; its height, length, and breadth are the same, and it may be conveniently furnished with a bed and table, a space being still left to walk about in. The air is renewed by means of a ventilator, and its quantity measured by means of an improved gas meter. It is not allowed to rush in so as to produce an inconvenient draught, but is let in gradually, at the rate of eight-thousandths of one cubic metre per second, which amounts to forty-five cubic feet per hour. But Dr. Pettenkofer may introduce five times that quantity, viz.: 208 ten-thousandths per second, without creating a draught. Some of the results obtained by the Doctor, through the aid of his apparatus, are valuable in a hygienic point of view. He shows, for instance, that the proportion of carbonic acid which, in the open air, amounts to 6 ten-thousandths, may, by respiration in a confined atmosphere, attain one-thousandth before producing a disagreeable sensation. Nor is it exclusively to carbonic acid the sense of oppression we feel in a confined room should be attributed, for we can breathe very well in an atmosphere containing as much as a hundredth part of carbonic acid chemically produced, while the same quantity produced by respiration will poison the air to such a degree as to render it almost insupportable; indeed, the most fetid poisons scarcely contain such a proportion of it. Admitting that the average volume of air introduced into the lungs by inspiration to be five quarts per minute in an adult, the average quantity of carbonic acid ejected by exhalation is 23-hundredths of a quart per minute, or nearly fourteen quarts per hour. Admitting that this carbonic acid only represents two-thirds of the oxygen consumed, and the other third to have been employed in producing water and other oxygenized compounds, there would be a diminution of 6.9 quarts per hour in the volume of air inhaled compared to that of the air exhaled. Dr. Pettenkofer, besides measuring the air of his apparatus with precision, is enabled to charge it with any proportion of carbonic acid by a new process, in which he uses a solution of barytes, and the proportion of aqueous vapor he introduced is measured by the absorbing quality of sulphuric acid. To ascertain the nature of the atmosphere which fills his apparatus, he burns a given quantity of stearine in it, and then measures the carbonic acid produced. In one of his experiments he has ascertained that in a state of inanition a man will exhale six hundred and twenty grammes

of carbonic acid in twenty-four hours, while the same subject, fed with succulent dishes, exhales eight hundred and sixty grammes of the same.

(To be continued.)

DOMESTIC.

DEAF DUMBNESS,

Caused by the Explosion of a Shell.

——— Hospital, Philadelphia.

Editor Med. and Surg. Reporter:—During the battle of White Oak Swamp, while the Sixth Vermont were actively engaged, the enemy commenced throwing shell from their heavy guns, a number of which fell in and about this regiment. A ten-inch shell fell and exploded about ten feet in the rear of private W. C. G., Co. A, tearing his knapsack and clothing from his person and giving him a severe shock, which, he says, caused him to experience a sensation of sinking into the earth. He then lost all power and consciousness. This condition lasted but a short time, and when consciousness returned he was unable to speak or hear. The injury was received on the 30th of June, 1862. The patient was immediately sent to Harrison's Landing, and shortly after transferred to this hospital. The surgeon to whose care he was committed, supposed the difficulty to depend upon an effusion in the fourth ventricle, at the point of the deep origin of the glosso-pharyngeal and auditory nerves, they being the ones whose functions were specially affected. He was put upon a depletory and revulsive treatment, and about seven ounces of blood were taken by cups from the nucha, after which a large blister was applied to the same place; this was accompanied with cold applications to the head, in conjunction with which free catharsis was induced and kept up for ten days; there was, however, no benefit derived from this course. A question now arose as to the propriety of general blood-letting, but, upon consideration, it was not deemed advisable, the case now having assumed the chronic form. An alterative course was instituted, and he was placed upon minute doses of blue mass until there was slight ptyalism, when it was suspended until the effects had, in some degree, passed off, and again continued until there was a repetition of the same sequelæ.

All this time the patient was retrograding, so that it became necessary to sustain his strength. He was therefore placed upon quinine and iron, and began slowly to improve, so far as his general health was concerned, but no change in regard to the primary symptoms was observable. It was now deemed advisable to give electricity a trial, which was accordingly applied, but it caused the patient so much pain that we were obliged to discontinue it; indeed, I think that he did not seem so well for some time after its application. Symptoms of softening of the brain now began to be developed. On or about the 10th of December, I noticed that he had not full power of the left leg, the face became somewhat distorted, and about the 12th of the same month he was seized with a convulsion, lasting for thirty minutes, leaving him in a state of stupor, from which he would start at short intervals, uttering a few incoherent sounds. Upon examination on the following day, I found his mind to be perfectly clear, though he had no recollection of the events of the preceding twenty-four hours. I also found that the act of protruding the tongue was attended with great difficulty; and when protruded, it was in a marked degree drawn to the right side. At times he seems to be improving, and even progresses so far as to be able to utter a few gutteral sounds, when, suddenly, all the symptoms return, each attack being more violent, and leaving him worse than before. Lately he complains of severe pain in the head, which he describes as growing worse daily. His strength is fast failing, and he occupies his bed most of the time. At present, his only treatment consists of mild laxatives, tonics, and good diet. He has been recommended for discharge, and will be but a short time under our care. A change of air, scenery, and circumstances may benefit him, and even prolong his life, but I have little doubt that his disease will, in a short time, terminate fatally.

J. A., M. D.

VACCINE VIRUS.

Matter from the Cow Unsatisfactory.

Terrytown, Pa., *April*, 1863.

Editor Med. and Surg. Reporter:—The small pox has been prevalent in several places, in this county, for six months past, and cases are still occurring. It is generally of the distinct kind, and has rarely proved fatal. Vaccination has been practiced to a considerable extent, but much of the matter has been spurious. In December last, I inoculated the bag of a cow and obtained a few very good scabs. I used some myself, and distributed others over different parts of the county. It took very kindly, producing vesication and pustulation with slight constitutional disturbance, but scabs taken from some of those vaccinated from the cow have, of late, worked very severely, causing vesication, or scabbing, not simply around the puncture, but also over various parts of the body and limbs, and, in children, occasionally upon the face. Whether the fault is in the vaccine, or whether the difficulty arises from a *variolous diathesis* of the atmosphere, I am not fully satisfied. The results have been so bad that for several weeks past I have ceased to vaccinate at all. It does not seem like the ordinary erysipelatous vaccination, which we frequently witness, but more like crusta lactea.

Meeting of the American Medical Association.

I am glad the call for the meeting has been issued. There should be a strong delegation from the old Keystone State. Efforts should be made immediately to get railroad fare for the delegates at reduced rates. The railroads ought to be liberal, for they have been coining money in transporting soldiers

and material for carrying on the deplorable, but patriotic war in which we are engaged for crushing out the most gigantic and wicked rebellion that ever existed.

I suppose, however, that the Committee of Arrangements will see to this matter, and secure as great facilities of travel, etc., as possible, so that our National Medical Congress may, even in troublous times, prove an entire success.

Geo. F. Horton.

MALIGNANT ERYSIPELAS.

Westfield, Ind., *3d Mo.* 31, 1863.

Editor Med. and Surg. Reporter:—We have been having an epidemic of malignant erysipelas in this vicinity, which has been, in many cases, very fatal. I suspect, from the severe chill with which the attack was generally ushered in, that, in some cases, it has been treated like pernicious fever, with large doses of quinine, the effect of which was to determine congestion and inflammation toward the brain.

My own treatment consisted principally in the exhibition of tinctura ferri chloridi, and veratrum viride when indicated by great rapidity of pulse, with the application of tincture of iodine, or occasionally collodion and glycerine, to the affected surface, of course not confining myself to any routine, but meeting indications as they arose, opening consecutive abscesses, etc. I am thankful to say that I have thus far been uniformly successful.

Like Dr. Wagenseller, I am disposed to class diphtheria with erysipelas and typhoid fever, rather than with scarlatina.

Dougan Clark, M. D.

Army and Navy News.

Quarantine Regulations.

General Orders, No. 34—Head-quarters Department of the South, Hilton Head, Port Royal, S. C., April 27th, 1863.—The following Quarantine Regulations for the port of Port Royal, S. C., are hereby established, to be put in operation from and after the tenth day of May, 1863:—

I. Hereafter, the Quarantine Ground will be in St. Helena Sound; at the place designated by a white buoy and flag.

II. It shall be the duty of the master and pilot, of every vessel coming into this port, from this date until further orders (excepting pilot-boats returning from their ordinary "Cruising Grounds,") to hoist a signal for the Health Officer, and to anchor off the inner buoy, there to remain until visited by him.

III. It shall be the duty of the Health Officer, without unnecessary delay, to visit every vessel made liable to visitation, and ascertain her sanitary condition, and the port from which she sailed; and every vessel having on board any case of yellow-fever, small-pox, cholera, or other infectious or contagious disease; and also, every vessel coming from Key West, Havana, or any other port where yellow-fever may exist, he shall order to the "Quarantine Ground," there to remain as long as he may deem proper.

IV. No person shall be allowed to leave the vessel until she has been examined by the "Health Officer," nor will any communication be had with the vessel until she has been so examined.

V. The fees of the Health Officer for visiting, examining, and certifying vessels arriving at this port, shall be collected from all vessels except those in Government employ, or foreign vessels of war, at the following rates:—

For each vessel from a foreign port.....$6.50
For all other vessels.....2.00

And the money thus collected will be turned over to the Medical Director, for the use of the General Hospitals in this Department.

VI. These Regulations will be strictly enforced by the Health Officer. Should there be any deviation therefrom, or should any of the orders given by the Health Officer to such vessels not be strictly carried out, he will report the fact immediately to the Medical Director of this Department.

VII. Surgeon A. Crispell, United States Volunteers, is appointed Health Officer of this port.

VIII. Any violation of the above Regulations will cause the immediate arrest and imprisoment of the offender.

By command of Major-General Hunter.

Charles G. Halpine,
Lieutenant-Colonel and Assistant Adjutant-General,
Tenth Army Corps and Department of the South.

Calomel and Tartar Emetic Stricken from the Supply Table of the Army.

Surgeon-General's Office, Washington, D. C., *May* 4, 1863.—I. From the reports of Medical Inspectors and the Sanitary reports to this office, it appears that the administration of calomel has so frequently been pushed to excess by military surgeons as to call for prompt steps by this office to correct this abuse; an abuse the melancholy effects of which, as officially reported, have exhibited themselves not only in innumerable cases of profuse salivation, but in the not unfrequent occurrence of mercurial gangrene.

It seeming impossible in any other manner to properly restrict the use of this powerful agent, it is directed that it be struck from the supply table, and that no further requisitions for this medicine be approved by Medical Directors. This is done with the more confidence, as modern pathology has proved the impropriety of the use of mercury in very many of those diseases in which it was formerly unfailingly administered.

II. The records of this office having conclusively proved that diseases prevalent in the army may be treated as efficiently without tartar emetic as therewith, and the fact of its remaining upon the supply table being a tacit invitation to its use, tartar emetic is also struck from the supply table of the army.

No doubt can exist that more harm has resulted from the misuse of both these agents, in the treatment of disease, than benefit from their proper administration.

W. A. Hammond,
Surgeon-General.

Pension Examining Surgeons.

New York.—Drs. C. B. Coventry, Utica; Elbert Curtis, Ithaca; Joshua B. Graves, Corning; F. R. Wagener, Addison; Livingston Elwood, Schenectady.

Pennsylvania.—Drs. Alexander Stewart, Shippensburg; Manly Emanuel, Linwood.

New Jersey.—Dr. Robert Frazer, Camden.

Wisconsin.—Drs. J. H. Hyde, Lancaster; Daniel L. Downs, Richland Centre; E. Bishop, Portage City; D. B. Eastman, Prairie du Chien; George W. Lee, Shallsburgh; A. C. Webster, Friendship.

Indiana.—Dr. Benj. A. Allison.

Vermont.—Dr. James P. Osborne, Fitchville.

News and Miscellany.

The Medical Society of the State of Pennsylvania.

The following delegates were elected by the *Philadelphia County Medical Society* to the *fourteenth* annual session of the Medical Society of the State of Pennsylvania to be held in this city, on Wednesday, the 10th day of June next:

Dr. William Ashmead.	Dr. William Hunt,
" Wm. B. Atkinson,	" George Hamilton,
" John Bell,	" Wilson Jewell,
" T. E. Beesley,	" R. S. Kenderdine,
" Franklin Bache,	" John F. Lamb,
" Robert Burns,	" Joseph Leidy,
" Joseph Carson,	" William Mayburry,
" D. F. Condie,	" Samuel Murphy,
" James M. Corse,	" Andrew Nebinger,
" William Darrach,	" Robert E. Rogers,
" G. Emerson,	" Alfred Stillé,
" Albert Fricke,	" W. Sargent,
" David Gilbert,	" R. P. Thomas,
" Lewis P. Gebhard,	" Samuel N. Troth.
" Jacob Huckel,	" C. P. Tutt,
" Henry Hartshorne,	" Ellerslie Wallace,
" Nathan L. Hatfield,	" Charles Wittig.

The following are the ex-officio Delegates from the Philadelphia County Medical Society:

Dr. F. Bache.	Dr. William Darrach,
" John Bell,	" John F. Lamb,
" Joseph Carson,	" William Mayburry,
" D. F. Condie,	" J. Henry Smaltz,
" Levi Curtis,	" A. S. Kennedy.

Meeting of Veterinary Surgeons.

A meeting of Veterinary Surgeons was held in this city recently. Mr. Wm. B. Wisdom, of Wilmington, Del., was called to act as Chairman. The meeting having been called to order, the Chairman stated briefly the object of the meeting to have as many of the Veterinary Surgeons together as possible, in order to issue a call for a convention, in New York, during the month of June. The Secretary, R. Jennings, then read several communications, received from various Veterinary Surgeons in different parts of the United States, expressive of their hearty co-operation in the movement.

The Secretary then offered the following:—

Whereas, Veterinary science in this country has been kept in comparative obscurity; in consequence of its practice having been confined mainly to the hands of men uneducated in the anatomical relations of the various diseases to which our domestic animals are subject, as well, also, as to the action of the practice used in combatting them, this deplorable condition of the veterinary profession has been the means of excluding the qualified veterinary surgeon from the army of the United States, the losses to the National Government in consequence of the purchase of horses unfit for the duties required of them, together with the great mortality among the cavalry and artillery horses, has amounted to many millions of dollars;

Resolved, That the friends of the Veterinary science favorable to forming a National Scociety for the advancement and diffusion of veterinary knowledge, meet in convention in the city of New York, on Tuesday, June 9th, 1863, for the purpose of permanently organizing a National Association, to carry out the objects as above stated.

Resolved, That advertisements be inserted in one or more of the leading papers of New York, Philadelphia, Boston and Cincinnati, extending invitations to all persons favorable to such an organization to attend the Convention

Dr. McClure then read a code of ethics prepared by him, having in view the better government of the Association.

The paper as read, was on motion postponed for consideration until the meeting to be held in New York on the 9th of June. The meeting than adjourned until that date.

The Sick and Wounded in the Department of the East.

The season having arrived for active operations in the field, and as some of the sick and wounded are arriving each day, we have collected with care the following data as to the hospital arrangements and accommodations in the Department of the East, comprising the New England States, New York, and New Jersey:

Surgeon C. McDougall, U. S. A., is the Chief Medical Director.

Surgeon William J. Sloan, U. S. A., Assistant Medical Director.

Surgeon William F. Edgar, U. S. A., Examining Surgeon.

Surgeon J. C. Dalton, U. S. A., Medical Director of Transportation.

With this staff the Medical Direction is enabled to secure the utmost promptness and efficiency in all the different hospital matters in this Department.

GENERAL HOSPITALS.

Name.	No. of Patients.	No. of Empty Beds.
David's Island	428	1,176
Fort Schuyler	766	1,169
Bedloe's Island	405	295
Central Park	128	172
Ladies' Home, Fifty-first street	285	115
Newark	392	708
Fort Columbus	69	31
'The Lovell,' Gen'l Hosp'l, Portsmouth Grove	349	607
'The Knight,' General Hospital, New Haven	470	80
Albany	60	55
Brattleboro	181	194
Burlington	60	88
Boston	49	6
Total	4,138	4,696

The Medical Director receives, every day, a morning report from each of these hospitals, and knows their exact condition at a glance. His system of inspection is frequent and very thorough. A record is also kept at the headquarters, No. 458 Broome street, of the name of every soldier sent to this Department—his rank, condition, and to what hospital he is sent, and where he may be found. From this record the Sanitary Commission and the several Soldiers' Relief Associations are furnished with all the items concerning those in whom they are interested.

Conscription Surgeons.

Col. James B. Fry, the Provost Marshal General, has made the following appointments of Surgeons under the act approved March 2d, 1863, for enrolling and calling out the national forces:

New York.—1. John Ordronaux; 2. George S. Woodman; 3. N. L. North; 4. James O'Rourke; 5. Ernest Krakoviser; 6. J. W. Powell; 7. J. R. Vankleek; 8. George F. Woodward; 9. W. H. Thomas; 10. G. B. Upham; 11. John C. Boyd; 12. William H. Pitcher; 13. A. H. Knapp; 14. O. S. Vanderpool; 15. Charles S. Hubbell; 16. George Page; 17. Henry Hewitt; 18. Uriah Potter; 19. Sol. F. McFarland; 20. Edward L. Walker; 21. W. A. Babcock; 22. J. B. Murdock; 23. John H. Knapp; 24. Geo. W. Davis; 25. Zera H. Blake; 26. Samuel B. Foster; 27. Joshua B. Graves; 28. Azel Backus; 29. Peter P. Murphy; 30. John S. Trowbridge; 31. Horace H. Glidden.

New Jersey—1. John R. Stevenson; 2. Richard R. Rogers; 3. Geo. R. Chetwood; 4. William Peirson, jr.; 5. Isaac A. Nichols.

Illinois.—1. J. W. Freer; 2. Aaron Lewis; 3. Chancellor Martin; 4. Charles Cooledge; 5. Thos. Hall; 6. Robert McArthur; 7. H. G. Johns; 8. Z.

H. Whitmore; 9. R. M. Worthington; 10. David Prince; 11. F. R. Payne; 12. Henry W. Wing; 13. Thos. H. Burgess.

Kentucky.—1. W. H. Kidd; 2. A. Walter; 3. Bryan R. Young; 4. Robert B. Winlack; 5. T. S. Bell; 6. E. P. Buckner; 7. S. F. Gano; 8. J. D. Foster; 9. L. N. Buford.

Maryland.—1. Wm. H. Farrow; 2. J. B. Ward; 3. J. T. Murdock; 4. Charles J. Bær; 5. R. E. Dorsey.

The Electric Light in Surgery.

One of the greatest obstacles to the success of a surgical operation is the scanty and imperfect light which, in some cases, is the surgeon's only guide, and is fraught with danger to the patient. The problem, therefore, of finding a light which might be introduced into a cavity with impunity, remained still to be solved—and, from a communication which has been made to the French Academy of Sciences, lately, it would appear that this desirable object has at length been attained in the construction of an ingenious and efficient apparatus. M. Foussagrives having long entertained the idea that the electric light might be advantageously applied to the purpose, communicated his views to M. Duomoncal, a distinguished electrician, who, calling to mind the effects of electricity in vacuo, conceived the following plan: A glass tube, having a very small bore, is bent into the form of a helix or screw—the smaller the bore, the greater the brilliancy of light; by this means a kind of luminous cylinder being formed, which is sufficiently small to be conveniently introduced into a narrow cavity. In determining the color of the light, it was decided that as mixtures of certain gases, such as carburetted hydrogen, carbonic acid, hydrochloric acid, etc., will produce a white light, nothing remained but to fill the tube with such a mixture; this delicate operation was performed by M. Ruhmkorff, who also added other improvements to the apparatus.

MARRIED.

Buehler—Trout.—On the 8th inst., by the Rev. B. Leacock, in St. Stephen's Church, Harrisburg, Pa., Dr. H. B. Buehler, United States Army, and Miss Lizzie C. Trout, of Fulton county, Pa.

Goddard—Barr.—On the 29th ult., in Washington City, by the Rev. Dr. Sunderland, Dr. Chas. E. Goddard, United States Army, and Mary A. Barr, daughter of the late Robert M. Barr, of Pennsylvania.

Hallock—Rigney.—In New York, on Wednesday, April 29, by Rev. Henry Belden, assisted by Rev. R. H. Seeley, William K. Hallock, M.D., and Jennie A., eldest daughter of Thomas Rigney, Esq., both of New York.

Phelps—James.—On Thursday, April 16, Dr. Charles Phelps and Isabel M. James.

Pinkney—Schley.—On Tuesday, April 21, at Frederick, Md., by Rev. Daniel Zacharias, Dr. Howard Pinkney, of New York City, and Clara, only daughter of Maj. Henry Schley, of Frederick

Sanborn—Jester.—On the 30th ult., by Alderman Charles Weldin, Dr. D. M. Sanborn, of the city of Baltimore, and Miss Amanda Jester, of Kirkwood, New Castle county, Del.

Welch—Wood.—On the 30th ult., at the residence of the bride's parents, by the Rev. Robert C. Matlack, Dr. William Miller Welch and Mary E., daughter of Robert Wood, all of this city.

DIED.

Axtell.—In Jamestown, N. Y., of typhoid pneumonia, April 14th, 1863, Dr. L. V. Axtell, aged 44 years and 9 months. Dr. Axtell had been a practitioner, in southwestern New York, for over twen y years, and acquired a reputation second to no other physician in that portion of the State. He was a man of indomitable perseverance and energy—an honor to that profession which he loved, and to which all his energies were devoted.

Bontecou.—On Sunday, April 19, Horatio Brinsmade, only son of Dr. R. B. and Susan Bontecou, aged 1 year, 5 months and 2 days.

Brower.—At Danbury, Conn., on Wednesday, April 29, Dr. R. F. Brower, aged 39 years.

Darlington.—In West Chester, Pa., on the 23d ult., Dr. William Darlington, in the 81st year of his age.

Deprefontaine.—The *Alta California* announces the death, on March 25th, of Dr. Joseph R. Deprefontaine, commercial editor of that paper. Dr. Deprefontaine was born in Philadelphia, and had reached his fifty-fourth year. In 1827 he received a government appointment to vaccinate the Indians, among whom he spent many years, visiting the regions on each side of the Rocky mountains, and going even to the Pacific ocean.

Duffee.—On the 28th ult., Caroline C., eldest daughter of W. J. Duffee, B. Surgeon, U. S. A.

Gibbs.—In Frewsbury, N. Y., of consumption, on the 19th of March, 1863, Mrs. O. C. Gibbs, wife of Dr. O. C. Gibbs, and sister of Dr. L. V. Axtell, aged 39 years and 7 months.

Hurley.—Near Falmouth, Va., on Tuesday, April 14, at the camp of the 69th regiment, New York Volunteers, of congestion of the brain, Dr. John Hurley, Assistant Surgeon 69th regiment NewYork State Volunteers, late of New York.

Lewis.—In St. Paul, Minn., on Friday, April 24, George Lewis, M.D., of New York City.

Magruder.—In Washington City, May 1, Dr. Archibald S. Magruder, in the 46th year of his age.

Metcalfe.—On Monday, April 20, Harriet Augusta, wife of John T. Metcalfe, M.D., and daughter of James Colles.

VITAL STATISTICS.	Philadelphia. Week ending May 16.	Baltimore. Week ending May 16.	Boston. Week ending May 9.	Boston. Week ending May 16.
Population in 1860	565,529	212,418	177,812	177,812
Thermometer.				
Highest	.....	.....	.....	.....
Lowest	.....	.....	.....	.....
Mean	.....	.....	.....	.....
Barometer.				
Mean	.....	.....	.....	.....
Mortality.				
Male	154	41	36	36
Female	124	51	33	35
Adults	126	50	34	46
Under 15 years	143	40	.....	24
Under 2 years	90	19	.....	12
Total	278	92	69	71
Deaths in 100,000	48.09	43.31	38.80	39.93
American	210	.....	44	37
Foreign	56	.....	25	34
Negro	13	12	.....	1
I.—Zymotic Diseases.				
Cholera, Asiatic	...	...	...	...
Cholera Infantum	3	...	1	...
Cholera Morbus	...	...	...	...
Croup	1	2	5	1
Diarrhœa	4	...	1	1
Diphtheria	6	2	1	1
Dysentery	...	...	...	...
Erysipelas	1	...	2	...
Fever, Intermittent	...	...	...	...
Fever, Remittent	...	4	...	...
Fever, Scarlet	8	2	4	2
Fever, Typhoid	3	...	2	...
Fever, Typhus	4	...	...	...
Fever, Yellow	...	1	...	...
Hooping-cough	...	...	...	...
Influenza	...	...	...	...
Measles	3	...	...	...
Small Pox	4	2	...	...
Syphilis	1	...	...	...
Thrush	...	...	...	...
II.—Sporadic Diseases.				
Albuminuria	...	...	...	...
Apoplexy	6	2	1	1
Consumption	40	17	10	18
Convulsions	11	1	4	...
Dropsy	12	6	4	1
Gun-shot Wounds	7	...	...	...
Intemperance	...	1	1	...
Marasmus	9	...	...	3
Pleurisy	2	...	...	...
Pneumonia	12	3	...	7
Puerperal Fever	1	...	1	...
Scrofula	4	...	...	1
Violence	...	...	1	...

NOTICE.

The Medical Society of the State of Pennsylvania.

Will hold its Fourteenth Annual Session in Phila delphia, on the second Wednesday, 10th, of June, at 11, A. M.

J. H. Smaltz,
J. M. Stevenson,
Recording Secretaries.

THE

MEDICAL AND SURGICAL REPORTER.

No. 341.] PHILADELPHIA, MAY 30, 1863. [Vol. X.—No. 5.

Original Department.

Lectures.

LATERAL CURVATURE OF THE SPINE.

By Prof. Louis Bauer, M. D.,
Of Brooklyn, N. Y.

[Continued from page 18.]

Scoliosis.

Treatment.—Gentlemen: On entering upon this rather difficult subject, we shall briefly discuss the means of preventing scoliosis.

Believing, as we do, that the predisposition of that deformity rests with some defects in the sexual development of the patient, affecting, and eventually impoverishing the nutrition, preventive efforts should be made in that direction. The patient should not only be protected against influences likely to depreciate the physical standard of her constitution, but measures should be adopted to enhance its vigor, and thus fortify the frame against distortion. The faithful observance of the laws of physiological hygiene will mostly accomplish the object, medication being scarcely ever called for. Hence, the patient should live regularly and generously and abstain entirely from knick-knacks; should neither indulge in lascivious habits nor exhaust the physical powers by over-exertion; should alternate in proper proportion between rest and locomotion; wear comfortable dresses alike protective against cold and over-heating; prefer physical and domestic to sedentary employment and over-taxing of the mind; in fine, live for a period of a year or more for physical well-being alone, until puberty with its attributes has become fairly established, when the intellectual training may be resumed without hazard. In this simple but effectual way we shall safely carry young females through a dangerous period of their lives, and qualify them for their exalted mission.

With these Lycurgian rules we may come in conflict with the established habits and notions of high-life, yet there can be no compromise between right and wrong, between reason and folly. Irrational indulgence precludes the possibility of robust constitutions, and consequently, of healthful enjoyment. In the same ratio as the system is depreciating, the mind suffers—"Mens sana in corpore saño."

When on examination of your patient, you notice undue flexibility of the spine, you may at once set it down as the virtual commencement of scoliosis, and take prompt measures to avert the impending deformity. In order to realize the danger, you need but to place the patient in the erect posture and raise one of the lower extremities from the floor by a piece of board or book; the spine is at once thrown out of its perpendicular, presenting lateral curves of great tension. Such a condition is inseparable from general debility and languor; hence, prejudicial habits grow easily out of the want of support, and determine permanent deviation. It is extremely rare, however, that we are called upon for advice at that juncture; we find mostly already the commencement of actual scoliosis, or the so-called *first degree of Buehring*.

In treating this stage, the most scrupulous hygiene should be insisted on, and eventually remedies administered with a view to regulate and tonify the general system. Country residence or mountain air, cold bathing and animal diet are commendable auxiliaries.

A system of diversified physical exercise should be adopted and discreetly persevered in, by which *gait and posture constantly alternate and change. It is most assuredly the best protector against prejudicial habits, and the best remedy to correct them.* Without going into superfluous details, some general rules should be laid down in the adoption of gymnastic exercises, otherwise, and if promiscuously indulged in, they might do more harm than good.

1. The exercises should, if possible, be taken in the open air, so as to obviate over-heating of the body, and to sustain respiration with a proper alimentary supply.

2. The exercises should tax the entire muscular system at once or successively, and not exempt one part or the other.

3. The exercises should preclude vertical pressure upon the spine.

4. They should be moderate and discreet, so as not to exhaust the physical strength.

5. They should alternate with rest in the recumbent posture upon a firm mattress or lounge.

If the spine is already deviating from the perpendicular, *active exercises cannot be practiced to a great extent without injury to the patient.* The "antiplastic" movements of Werner commend themselves as excellent substitutes for active exercises. The patient is placed upon a covered table in a dorsal position; the hands of the operator are employed to correct the deformity and to bend the spine over in the opposite direction; and, in fine, the patient directed to maintain the same by will for an hour or so at the time. Another competent person may take the place of the physician to facilitate proceedings, which should be repeated several times during each day. Or a moveable footboard for the left limb may be adopted in substitution of the hand, which, in raising the left side of the pelvis reverses the deviations. Aromatic frictions of the back and kneeding of the dorsal muscles and cold douche are remedial additions.

The treatment of incipient scoliosis thus delineated, will effectually meet the indications presented, and if systematically persevered in, give substantial relief to the patient. Mechanical support or orthopædic beds, we deem dispensable for the first period. But if the patient should be so situated as not to be able to devote much time to the treatment, then, and only then, it may be expedient to provide a spinal supporter for day use. Of its proper constructions we shall speak in our next lecture.

In the second stage of scoliosis, the local treatment of the deviating spinal column comprises the chief object of our attention, whilst the general management of the case remains the same as previously stated. You recollect that the deformity has already assumed a decided character, and its consecutive effects begin to show themselves upon the thorax. However, there are as yet no alterations in the shape of the individual vertebræ, nor has the tortion of the spine made its appearance. By mechanical means the spinal column can be brought into a perpendicular direction. The scoliosis depends perhaps exclusively on the lessened elasticity of the inter-vertebral fibro-cartilages.

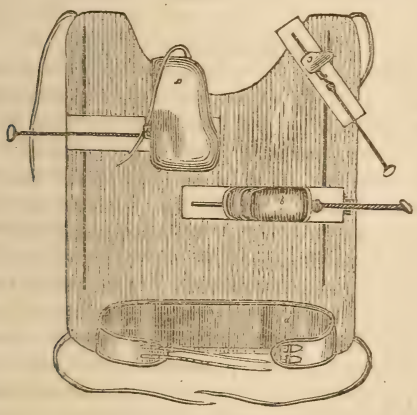
In dealing with the second stage, the question presents itself: whether it would be wise to allow the patient the erect posture and locomotion, or whether it would be better and more appropriate to direct the recumbent one. The former have their advantages which cannot be denied. They enable the patient to gratify the natural taste for change; to exercise the muscular system and procure better air than confinement to the bed would afford. But it should be borne in mind that the spine is already thrown out of its perpendicular; that the superincumbent weight acts upon it to great mechanical disadvantage, and that the patient is likewise permitted to perpetuate the old habits of prejudicial gait and attitude. It would seem as if there could be no conciliation between active exercises and arrest of scoliosis, that we had to relinquish the one or the other. Hence we cannot hesitate in accepting the recumbent posture as the better of the two, for thereby we get rid of superincumbent weight and bad habits. As we have already mentioned, the fear of confinement is certainly exaggerated if found at all in clinical observation. Rest may be endured for some length of time with benefit at least to the muscular system, whilst the wear and tear of the body is decreased and the character of nutrition enhanced. The alleged bad effects of confinement refer only to the excess of the same, and the physician has it in his power to curtail it should it operate injuriously upon the constitution. Although it might be better to remain on a firm mattrass in a stereotype position, yet in order to relieve its irksomeness, a change of the bed with a couch, or a well-reclining armchair, as, for instance, that of Mr. King, in Broadway, New York, might well be conceded to the comfort of the patient. Nor would there be any reasonable objection to raise the bed into an inclined plane, so as to enable the patient to read or look about. Thus by ingenious contrivance some orthopædic surgeons have succeeded in constructing apparatus, combining with the recumbent position, facilities for the pursuit of music, writing, drawing, and reading, without the slightest inconvenience or fatigue. Education may thus be carried on without interruption, as long as it is compatible with the objects of the treatment.

The antiplastic movements of Werner may be tried to reverse the position of the spine, but we apprehend that in most cases they will be found insufficient.

In former times, the so-called orthopædic beds were employed to overcome the deformity. Their chief design was longitudinal extension; some of them combined pressure upon the convex portions of the spine. The construction of those beds, of which a great variety has been introduced into orthopædic practice, bear great semblance. A belt for the pelvis is connected by straps with a cogwheel at the foot of the bed, and an appropriate apparatus for the head with the opposite parts of the bed. After the patient has placed herself upon the bed, belt and headpiece are adjusted and the extension made by means of the cogwheel. For the sake of lateral pressure, either cushions or wedge-formed pads were brought to bear upon the spine. During a long period the mechanical bed was the only remedy in vogue against scoliosis, and great ingenuity has been employed in its construction. Its unsatisfactory results were of

course ascribed to the difficulties of its mechanical arrangements and not to the inverted principle. Thus changes in the construction and improvements were carried on until Guerin* and Major put a stop to them by demonstrating *that longitudinal extension was a failure, unless accomplished by direct action upon the curvatures.* Since then mechanical ingenuity has been thrown into a new channel with a view of constructing apparatus acting by lateral pressure and counter-pressure. The contrivances of Guerin and Major are very complicated and costly, yet they fulfil the object of simple and double lateral action, and may therefore answer in the second stage of scoliosis, which is not as yet complicated with torsion of the spine or an oblique shifting of the thorax. In the latter stages, they are, however, inefficient, and unable to realize the presented indications. Buehring's reduction-apparatus, which we hereby submit to your inspection, is for many reasons a

Fig. 73.



superior contrivance, (fig. 73,) and we have found it in our practice a most serviceable instrument. It is not only simple, compendious, and applicable to an ordinary bed, but you may render it useful to all stages of lateral curvature. Its cost is but trifling when compared with those of Guerin or Major.

The pattern before you is designed for the third stage; we shall, however, show you how to convert it into an effectual apparatus for the second stage also.

You perceive that Buehring's apparatus consists in,

1st. A plate of sheet iron, covered with ticking, or any other suitable material, to prevent the cold contact with the metal and soiling of the bed with rust. At its upper portion a sufficiently large piece is taken out for the neck, although this is immaterial. But the iron should be sufficiently strong so as to prevent bending. Parallel with the edges and about two inches from them a longitudinal fissure is made, sufficiently wide to admit a one-sixth of an inch screw moving to and fro.

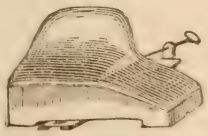
2d. A well-bolstered belt, made of a steel spring, to be buckled in front.

3d. Three movable parts of well-bolstered soft wood, one for each deformity, and one to raise the left arm. In taking a profile view of these parts, you observe the thickness of the two former, whereas the third is rounded and long enough to exceed the axillary cavity. They are moveably fixed upon iron frames, and set in motion by a screw. The modus operandi is plain. When attached to the iron plate you can give them any position to the body you choose, and whilst the patient is fastened in the belt and the pelvis thus rendered immoveable, you screw the pads against the spinous processes, and gradually press them over in the reverse position. The transverse processes rest upon the pads. In proportion to the thickness of the pads, the body is elevated from the iron plate, and the weight of the same is thus made use of to turn the spine on its longitudinal axis in the opposite direction from that we first fixed it in. The lower the wooden blocks the less we can count on that action, and in substituting a plain pad of iron, we reduce it to a simple lateral shifting, and thus render the apparatus serviceable for the second stage.

Fig. 74.

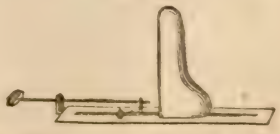
The pad for the lumbar deformity (fig. 74) is but narrow, but it should be large enough to embrace the side of the body. The pad designed for the thoracic curvature is of much larger size in order to cover the protruding ribs and shoulder blade, being, of course, in keeping with the proportions of the patient. Its exact form in the

Fig. 75.



apparatus should be noted by you (fig. 75) for

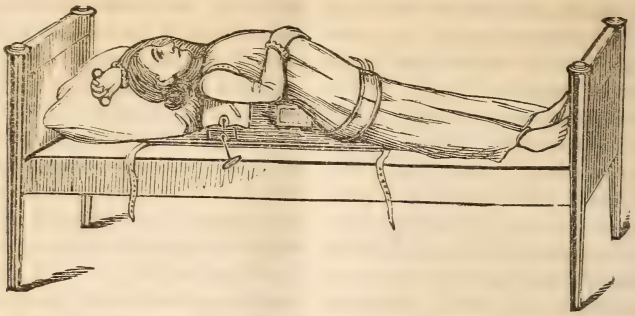
Fig. 76.



future use. The pad for the left axillary fossa is an erect piece of wood, rounded and well-covered. (fig. 76.)

* Rapport, addressé a Monsieur le Dolégué du Gouvernement provisior, etc. Paris, 1848.

Fig. 77.



In this diagram, (figure 77,) you observe the patient in position on the apparatus. The latter is fastened to the bed by straps. The pads are adjusted and the belt buckled. The limbs are free for exercise. In appearance we have a Procrustean bed, and can scarcely conceive how a patient can endure the same for any length of time. And so it seems to be in the first days of its use. But the patient becomes soon used to it, and in time it actually becomes indispensable to his comfort, so that he prefers it to a luxuriant mattrass.

The efficacy of this contrivance is great. When discreetly applied and attentively managed, Buehring's Reduction-Apparatus is capable of effecting such changes in the form of the spine as no other construction of this kind. In our humble opinion it is at present the best known, and is deserving of your adoption.

The length of time a patient should continue in the recumbent position depends, of course, on the individuality of the case, and cannot well be fixed *à priori*. As a general rule you are to discontinue the recumbent posture, when the morbid flexibility of the spine has subsided, the deformity is reduced, and when in the erect position the spine shows no further tendency to deviate from the perpendicular. In some instances this result may be accomplished in a few months, in others even a year, or more time may be required. The improvements of the deformity advance conjointly with the growing constitutional strength, for as long as the general system remains in a debilitated state, the undue flexibility will likewise perpetuate its existence. If the patient should be necessitated to interrupt the treatment, we must then content ourselves with the use of the apparatus during the night, and provide a spinal supporter for day use. The same should be done with convalescents to avert relapse.

[To be continued.]

Transfer.

Dr. William B. Atkinson has been transferred from the South Street Hospital to the Provost Barracks. Dr. Knorr has been appointed to supply the vacancy.

Communications.

ROUGH NOTES

Of an Army Surgeon's Experience, during the Great Rebellion.

By J. Theodore Calhoun,

Surgeon in Chief, 2d Division, 3d Corps D'Armée.

No. 19.

Camp Diarrhœa—continued.

Treatment.—Every Surgeon has his own treatment; each some favorite remedy he relies upon, and there are none who have not seen a few inveterate cases which baffle for months all their pet remedies. It must be remembered that the army surgeon must in his prescriptions keep within the field table. We cannot drag over Virginia roads the assortment to be found in a city drug store, and I doubt not that it is much better for our patients that we cannot. There is too much dosing done in the army as in civil life. Every practitioner has his patients who will drug themselves whenever they do not feel absolutely well; and in the army, where government furnishes medicine, we have patients who are as loudly clamorous for medicine as the hypochondriacs of the North. We have, however, this advantage: we can tell the patient he does not need and shall not have medicine, and he has no resource but to submit.

Varied as is the treatment, a general outline may be given which will be applicable to most cases.

First, remove the cause if it can be done. It is a surgeon's fault if any removable cause exists, but there may be some cause due to the patient's habits which can not be removed. If he bids fair to have a bad attack, put him in the regimental hospital; he will do much better than if allowed to remain in quarters and eat every thing he craves. If it is a simple, mild case of diarrhœa a pill of camphor and opium every four or six hours, will check it, and you will have no more trouble; or one of opium and acetate of lead may be substituted.

If there is headache or much tenesmus give an

ounce of ol. ricini with twenty drops of tinct. opii in it; or if there is any pain in the abdomen a few drops of tinct. menth. pip. can be added; or a dose of the sulphate of magnesia may be substituted. When there is abdominal pain the following is an excellent dose:

℞.	Ext. rhei,	f3iij.
	Ext. zingib. fluid,	f3j.
	Tinct. opii,	gtt.xx.
	Aquæ,	q. s. M.

Fiat haustus.

The castor oil is a nauseous dose, unless it can be made into an emulsion, and the dispensary very generally does not afford the material for such a preparation. The sulphate of magnesia is a most excellent cathartic, and I think a very general favorite among army practitioners. In many regiments the steward before sick call makes up a solution of salts and flavors it with a little peppermint. The rhubarb and ginger is a very good preparation when there is a tendency to nausea.

In most cases it is advisable to precede the cathartic by a few grains of the pil. hydrarg. alone or combined with a grain of opium, and made up in the form of a pill to be given at night, and followed with the cathartic in the morning. Should the diarrhœa continue after the operation of the cathartic, and after there is a disappearance of the headache and febrile symptoms, which do generally disappear after the cathartic, we must have recourse to astringents. The camphor and opium pill is very generally used. I prefer one of the mineral astringents—acetate of lead, sulphate of copper, or nitrate of silver combined with opium, or more preferable still do I like a combination of iron and quinine. The following is my favorite combination:

℞.	Ferri per-sulph. (Monsel's salt),	gr. iij.
	Quin. sulph.,	gr. v.
	Pulv. opii,	gr. j.
		M.

I give this powder three times a day, with ten grains of Dover's powder at bedtime. The per sulphate of iron is one of the two preparations of that material allowed in the field table, and indeed I cannot conceive of a more excellent one. Combined with quinine and opium (the quinine very frequently in much larger doses than above given,) I have succeeded in the most desperate and inveterate cases. Nitric acid in the form of Hope's mixture, when obtainable, answers an excellent purpose in some cases, and the acid sulp. arom. is frequently used. The combination of the elixir vitriol with a solution of magnesiæ sulph. is said to prove very efficacious, but I have had no success with it.

In cases of long standing the tinct. ferri chlor. appears to suit very well. It can be administered in a most excellent form by giving some fifteen or twenty drops of the tincture in about a fluid drachm of the fluid extract of cinchona, with a proper proportion of water.

Where there is torpidity of the liver small doses of calomel and opium do very well. The sixth of a grain of each rubbed up with white sugar, and given every hour, has in my hands proved well suited to some cases; or, when obtainable, the hyd. cum cretæ seems well suited either alone or in combination. But preferable to all is a combination of pil. hydrarg. and quinine.

When there is much pain in the abdomen a sinapism seldom fails to relieve it. If it is localized a few dry cups over the spot will do well. Turpentine rubbed upon the abdomen or flannels moistened with it and laid upon the part answer well, and the ol. terbinth. administered internally is one of the most valuable and efficacious remedies. Injections of starch and laudanum or (as starch is seldom obtainable) of farina and laudanum are sometimes employed with success. An infusion of the blackberry-root or a decoction of white-oak bark may be tried with benefit in some cases.

Aside from the purely medical treatment much can be done. Attention to diet is all important. If a scorbutic taint exists (and I am satisfied that it often does exist, although entirely unsuspected) give the patient plenty of fresh vegetables. Potatoes and onions are usually the only vegetables obtainable, but with them one need not desire a greater variety. In lieu of the coffee which the patient has been drinking give him lemonade, and if the diarrhœa has its origin in a scorbutic state of system a marked improvement will soon take place.

If the case is a bad one be careful to keep up the patient's strength. In the latter stages give him beef tea and egg-nogg. The latter seems peculiarly adapted to these dysenteric cases, but unfortunately in the field eggs are too often unobtainable. Whiskey and quinine in liberal doses sometimes has an excellent effect.

In this division we have, during the last three months, selected the worst cases of camp diarrhœa, and sent them home on twenty days furlough. The result has been most gratifying. A large majority of those sent home have returned in a very much improved state of health, and I am satisfied that many men have thus been saved to the service who, had they remained in the camp, would have died or been discharged.

In those cases where diarrhœa is complicated with home-sickness (and let me here assure the reader that home-sickness *is* a disease of camp, as much as typhoid fever), so this appears to be the only remedy. Thanks to the admirable system of

furloughs instituted by General Hooker, this complication is now seldom met with in this army.

From the extraordinarily successful results attendant upon the furloughed cases of diarrhœa in this division, I think it can be very safely assumed that no surgeon in the field is warranted in discharging from the service a patient with this disease until after, as a dernier resort perhaps, he has tried the effect of a furlough. Every man saved to the service counts considerably when the grand aggregate is concerned, and if a furlough is the only means to accomplish the desirable end let it be tried by all means.

Observations on NERVOUS DEAFNESS.

By Laurence Turnbull, M. D.,
Of Philadelphia.

Introduction.

At the request of your committee,* I have endeavoured to bring together the most recent and important facts in regard to one of the obscure diseases of the human ear, namely, "Nervous Deafness," and those doubtful matters concerning it which are open for discussion and elucidation by the members of the society.

Definition.

By "Nervous Deafness" is generally understood "a diseased condition or impaired function of the auditory nerve," but in my judgment it should also include the nerves which supply the external ear—membrana, tympani and middle ear. The term *nervous* in a truly scientific sense is not correct, but it is the best term we have at present for indicating the probable origin of this form of deafness.

Etiology.

This disease, like scrofulosis or phthisis pulmonalis, is the result of hereditary taint, being communicated from parent to child. In one family consisting of two sisters and one brother, every member was deaf, in another two, and in a third there was one deaf in the family, for three generations. Sedgwick† has observed that a surgical instrument maker aged twenty-nine years, became deaf like his father at the age of eighteen years, and Dr. Camp has informed him of a case occurring in his practice of nervous deafness affecting a father and son. One of the most common occasional causes is cold more especially applied to the head uncovered, or by sudden force to the ears. Heat from the sun, when the head is exposed, or with but a slight covering, more especially, if the system is exhausted, producing *coup de soleil* and deafness, from the congestion of the brain. Then we have the reflex influence of convulsions in adults or children, or from apoplexy or paralysis producing pressure, congestion, inflammation or atrophy of the seventh pair of nerves or its branches. Then follow direct injuries from blows or falls upon the ear of a severe character producing concussion of the nerves.

Another prolific cause is the poison of typhus, typhoid, and scarlet fevers; rheumatism, gout, measles or mumps, intermittent fever, hysteria, epilepsy and syphilis are occasional causes.

We have also this form of deafness symptomatic or associated with disorders of the digestive organs. It is likewise the result of old age.

Frequency of the Disease.

Kramer states that out of 2000 patients 1074 were classed as affections of the auditory nerve (see table,*) while in Wild's table of 2385 cases, only 244 were true cases of "nervous deafness." In the still later table of Trequet, of 163 only 46 were truly nervous. Toynbee publishes 200 cases of deafness and only about 35 or 36 of nervous are given, still

*Read by request before the Philadelphia County Medical Society, January 14, 1863, since which time a few additional observations have been added to it.

†Sedgwick on the Influence of Sex in Hereditary Disease; B. & F. Medico-Chirurg. Review, April, 1863, pp. 457, 459.

*The accompanying table is from a more recent work of Kramer, and shows a much smaller proportion of cases of nervous deafness.

Tabular View of 1000 Cases of Ear Diseases. 496 with ear sounds, 504 without.	With Ear Sounds.	Without Ear Sounds.	Total.
DISEASES OF EXTERNAL EAR	183	244	427
Diseases of Ear Cartilage	1	2	3
1. Inflammation of corium, acute	1	.....	1
2. " " chronic	.....	1	1
3. " cellular tissue	.....	1	1
4. " cartilage	.....	.....	.....
Diseases of Meatus	115	91	206
5. Inflammation of upper skin	101	62	163
6. " corium	7	15	22
7. " cellular tissue	7	11	18
8. " periosteum	.....	3	3
Diseases of Membrane Tympani	67	151	218
9. Inflammation, acute	26	9	35
10. Inflammation, chronic—			
a. Simple	13	51	64
b. With perforation	23	64	87
c. With polypi	5	24	29
d. With both	.....	3	3
DISEASES OF MIDDLE EAR	307	253	560
11. Inflammation, catarrhal—			
a. Without exudation	5	4	9
b. With free exudation	9	25	34
c. With free and interstitial do.	48	60	108
d. With interstitial exudation	244	163	407
12. Otalgia	.....	1	1
13. Sounds without hardness of hearing	1	.....	1
DISEASES OF INTERNAL EAR	4	9	13
14. Inflammation, acute	.....	.....	.....
15. " chronic	.....	.....	.....
16. Nervous deafness	4	.....	4
17. Deaf-muteness, acquired	.....	2	2
18. " congenital	.....	7	7

he considers that the "nervous apparatus which receives the sonorous undulations from the tympanum and conveys them to the brain—one of the most delicate structures in the human body—is liable to many functional and organic derangements." The proportion of "deafness" in the community is about 15 cases in 575 persons sufering from ordinary diseases unfitting them for military duty; such is my careful observation while serving as surgeon appointed by the Governor of Pennsylvania to inspect and examine those persons claiming exemption from the draft.

Of some fourteen hundred cases of ear disease which I have treated in the Howard Hospital and in private practice, I find that the proportion of cases in which there was no lesion of the external or middle ear is about twenty in one thousand.

Influence of Sex.

In KRAMER'S table we find 581 are males and 447 females. In WILD'S the sexes are nearly equal, while TRIQUET had 18 females and 28 males. These statistics disprove the generally received opinion that females are more affected than males with nervous diseases.

Physiology.

The auditory nerve or portio mollis of the seventh pair has its origin from the medulla oblongata by two roots. The labyrinth receives nerves from no other source than the portio mollis, unless we suppose the portio intermedia to consist of filaments from the facial, which accompany the ramifications of that nerve into that part of the ear.

Mr. BOWMAN, considers "that the portio mollis is the nerve of hearing and that it is abundantly proved by the following arguments:—1. The distribution of the nerve to the internal ear, to which no other nerve of any importance is distributed. 2. Its softness of texture and cerebriform character which distinguish it from ordinary nerves of sensation or motion. 3. Diseased states of it, or of parts immediately near its origin, affect the sense of hearing, whilst a paralytic state of the portio dura or of the fifth does not affect the sense." I do not consider this argument of Mr. BOWMAN'S entirely conclusive, as the accessory nervous apparatus plays a most important and necessary part in this function. We find its analogy in the eye. If the supra-orbital branch is cut, vision will often be lost, while the optic is not injured; so, also, injury, pressure, inflammation of the branches of the tympanic nerve of JACOBSON, from the glosso-pharyngeal, and from the otic ganglion, produce loss of hearing of "nervous character" and only affecting the auditory nerve secondarily, or by reflex action.

The tympanum receives branches from the facial and glosso-pharyngeal, and probably from the sympathetic.

The facial, in its passage through the aqueduct of FALLOPIUS gives off the chorda tympani, which according to Mr. BOWMAN, seems to have no physiological connection with the tympanum or its contents. Yet it has a connection, if we admit, with ARNOLD that there is an anastomosis between the acoustic nerve and the nerve of Wrisberg into which the chorda tympani continues. The chorda tympani passes along the membran tympani and if we pass a moderately strong induction current into the ear, the patient will experience a peculiar sound and a painful sensation of sticking in the ear, and a drawing-together sensation in the anterior half of the tongue. DUCHENNE, ERDMANN, BAIERLACHER, and other observers, think that this sensation in the tongue is produced by the galvanic irritation of the chorda tympani, which, passing on the inner side of the membrana tympani, joins, immediately after its exit by the glasserian fissure, the lingual branch of the fifth. These two nerves do not lie together in one but are connected by filaments throughout their whole course.

The stapedius muscle also receives a branch from the facial nerve. The anastomosis of JACOBSON, results from the subdivision of the tympanic branch of the glosso-pharyngeal nerve, which enters the cavity of the tympanum below, and passing over the promontory, gives off branches to the membranes of the fenestræ and eustachian tube, and to the otic ganglion.

A branch is described by ARNOLD as proceeding from the otic ganglion to the tensor tympani muscle.

The external ear is supplied by the facial nerve as regards its muscular apparatus, and by the fifth pair, as regards its sentient surfaces.

[To be continued.]

Hospital Reports.

MEDICAL CLINIC OF DR. DA COSTA.

February 7th, 1863.

Reported by *Dr. H. C. Wood*, Resident Physician.

PATHOLOGICAL SPECIMEN.

Mania-a-Potu.

The class were first shown the brain of a man dead of mania-a-potu. It was highly congested, and a large amount of effusion existed at its base. On the upper surface the membranes were somewhat opaque but there was no well marked inflammation. There was no fluid in the ventricles. The brain substance was not softened.

Mania-a-Potu.

The first case presented was J. G., aged 61, native of Ireland. He entered the medical wards February 4th, suffering with acute dysentery; on the 5th pneu-

monia supervened, and on the 6th delirium tremens was added to the list of his ailments.

It was remarked, that his tongue has now only a thin whitish fur, but, when he entered, was coated with a thick yellowish deposit, especially along the central line. His pupils are contracted. His skin dry but not hot. His pulse is feeble and 120; his breathing 28 per minute, making the pulse ratio about 1 to 4.30. Percussion over the left lung posteriorly is very dull. Auscultation reveals sharp, distinct, tubular breathing, with some crepitation over nearly the whole of the left side posteriorly. His sputa is rusty colored but not very tenacious. He is incessantly engaged in an incoherent aimless talk, and restlessly endeavors to get out of bed.

This is a typical case of one form of mania-a-potu. His delirium is very busy and good natured, and entirely free from violence. There is a certain amount of intelligence but no power of concentration. Speak to him and he will commence to answer you in a perfectly rational manner, and then perchance in an instant he is wandering. There is associated with this a very great deal of of restlessness, necessitating forcible restraint at night to prevent him from roaming about the wards. Oftimes these cases are haunted by visions, which persecute them until they are ready to leap out of the window to escape the creations of their disordered fancies, but this man manifests no fear. This case is complicated with pneumonia and acute dysentery, which make the chances of his recovery very, very slight. In a man of his age either of the three are a dangerous disease, but together they form a trio almost certainly unconquerable. It may be asked, why did the delirium tremens come on after the other maladies? Was there any relation of cause and effect? Yes, this far, they so weaken the nervous system as to develop an attack, the seeds of which, already planted, might not have germinated at this time, had it not been for their fostering influences. The indications as to treatment are, to arrest the dysentery, check the inflammation of the lung, and especially to quiet the nervous system and obtain sleep. For seventy-two hours he has kept unbroken vigils and he must soon die exhausted, if they are not interrupted. Opium best fulfills these indications. Notwithstanding the many innovations which have lately been made, whisky and opium are in this house by far the most reliable, and indeed the *only* reliable means of combatting mania-a-potu. The treatment of this man since he entered the house has been as follows:

February 2d he was prescribed:

℞ Opii, gr. viij.
Pil. hydrarg., gr. xij.
Camphoræ, gr. xviij. M.
Fiant pil. xij. Sig., One every three hours.
Milk diet.

February 4th, he was ordered 6 f℥ of whisky punch and xij f℥ of beef essence. From this time his stimulants have been rapidly increased, until now he is taking whisky punch (half and half) f℥ iss. and beef essence f℥j every hour.

On the morning of the 5th his pills were discontinued and 6 f℥ of blood were taken from his lungs by cups, and he was ordered:

℞ Liq. ammon. acet., f℥iv.
Syr. scillæ,
Syr. ipecac. āā f℥j. M.
Sig. Half ounce every three hours.

In the night he was given 100 drops of laudanum by injection.

On the morning of the 6th he was prescribed:

℞ Opii, gr. xij.
Camphor., gr. viij. M.
Fiant pil. xij. Sig., One every hour.

At the night visit these pills were stopped and he was ordered. Liq. morphiæ sulphatis f℥j every second hour until six doses would be taken or sleep obtained. He has taken all of these several hours since but has not slept.

Was the blue mass given in the beginning, proper? Yes. It was not used as antiphlogistic, but as an alterative and hepatic stimulant. The yellow, foul tongue as we have before seen, marks the case of dysentery requiring mercurials. The camphor was given partly for its known effect on an inflammed intestine, and partly to combat the nervous symptoms. Now the question may arise in the minds of some—did not the inflammation of the lung forbid the use of so much opium? No! I do not believe that there is so much to be feared from the astringent effect as some teach. Cases of pneumonia have been treated very successfully in this house with opium alone. And when it is complicated with mania-a-potu, the drug is the sheet anchor to save the patient from drifting on to the rocks of destruction. His stimulants will be continued.

Ascites.

Two negroes very similarly affected were next presented to the class. The one had been before the clinic on the 24th and 28th of January with dropsy connected with hepatic and cardiac disease. He had improved under treatment, but was still much swollen. The other was W. C., aged 22. He came in the house several months since, laboring under a severe attack of pneumonia, from which he recovered in two weeks. Since then he has been under treatment for the relief of his dropsy. It was remarked, that as was the practice before this class, the most prominent symptom would first be discussed, and then whatever may, naturally follow. His abdomen is greatly enlarged and the marked fluctuation evident on palpitation decides that this is owing to ascites. His lower extremities are also dropsical. His liver is about normal in size. The spleen also is not increased. His tongue is slightly coated with a yellowish fur. There is no tenderness in the epigastrium. Nor indeed anywhere over the abdomen. His appetite is not good, but what he does eat he digests readily. The action of the heart is increased and there is a very faint systolic murmur. In the lungs posteriorly are heard numerous rather fine moist rales. His pulse is 98 and feeble. His respirations are 32 per minute. His urine is free from albumen. Its sp. gr. is 1022.

[Here the hour having expired the case was left over for the next clinic.]

Surgical Clinic of Prof. Gross.

Reported by *J. E. Owens*, M. D., Resident Surgeon.

Amputation of Toe.

Two patients were exhibited to the class. One showed the result of an operation performed thirty-one days ago, for removing the outer three toes at their metatarso-phalangeal articulation, and at the same time, a small portion of the outer metatarsal bone. The wound has healed entirely by the first intention. The removal of a small portion of the outer metatarsal bone, was done with the view of making a rounded stump, instead of a square one. The patient will now wear a boot much better than he would, had he a square stump.

The other exhibited the result of the removal of the distal phalanx of the great toe. The greater part of the wound has healed by the first intention.

Bitten Finger.

Mary D., aged 45. Injury to little finger, the result of the bite of the human subject, followed by erysipelas. The patient received the injury three weeks ago. There is at present violent inflammation

extending as far as the wrist; the extremity of the second phalanx is protruding, and it is in a state of necrosis; there is also much swelling of the finger and hand; the pain is considerable. The latter came on immediately; the swelling began two or three days after the receipt of the injury; the old integuments hang, ready to drop from the finger. We must not suppose that there is anything poisonous in the bite of our own species or in that of the lower animals. The bite of a horse, of a rat, and also of the human subject is frequently followed by the most violent inflammation, often resulting in the death of the bones, anchylosis of joints, and sometimes the death of the patient. The loss of an arm has resulted from the bite of the human subject. Inflammation of the lymphatics and enlargement of their glands often result from such injuries. The former is evidenced by the red lines extending up the limb to the lymphatic glands. These results are especially liable to follow, when the patient is in an excited condition, when the secretions are disordered, or when the digestive powers are impaired. These violent symptoms are not, as above mentioned, the result of any poison communicated to the wound; but they are owing to the contused and lacerated character of the injury itself. Such symptoms generally come on within thirty-six or forty-eight hours. In the treatment of these cases, we must first wash out the wound thoroughly with cold or tepid water; then use the ordinary antiphlogistic means for combatting inflammation. If there is erysipelas, use iodine, acetate of lead and opium, and restrict the diet; if there is gangrene, puncture the vesicles; swelling and tension being great, make free incisions. In this case the tissues over the second phalanx are incised, the scalpel grazing the bone, part of which is in a state of necrosis. Provided there remains a reproduced part of the periosteum, a portion of the bone will be saved. As there is considerable fetor, the flaxseed poultice should be medicated with LABARRAQUE'S solution.

March 26th. This case is now and has been for sometime past, in a condition to be amputated, but the patient will not submit to an operation.

Abscess in the Anus.

John B., aged 29. This patient was operated on for fistule on the left side of the rectum, two months ago. The operation was successful. On the right side of the buttock near the verge of the anus, a swelling is observed. This swelling was first noticed four days ago; the head has pain, on which account he cannot sleep; there is discoloration of the skin over and around the tumefaction; symptoms all denote inflammation. The part burns and throbs. The tongue is somewhat coated. The patient, in a word, has an abscess in the part, a disease to which the celludo-adipose substance around the anus is very liable. An abscess occurring in this situation may be of two kinds---one strumous---the other phlegmonous. In the former the symptoms are mild, the patient being scarcely conscious of any morbid action; in the latter case the symptoms are well marked, having all the evidences of inflammation. In phlegmonous abscess, the disease advances rapidly; in the strumous, on the other hand, its progress is very tardy. In this case a free opening must be made, lest the inflammation destroy the tissues, and eventually lead to anal fistule. In the incipient stages of the disease, we must, of course, use the various antiphlogistic means, with the view of repelling it, such as leeches, purgatives, anodynes and astringent lotions.

A free opening having been made in the abscess, a flaxseed poultice medicated with a solution of lead and laudanum should be applied.

The diet must be restricted, and the patient may take the following mixture:

℞ Antim. et potas. tart.,	gr. iss.	
Magnes. sulph.,	℥j.	
Tinct. verat. virid.,	gtt. xxiv.	
Aquæ cinnam.,	℥v.	
Syr. simplicis,	℥j.	M.

Sig., One tablespoonful every three hours.

March 26th. This patient is ready to be discharged,

Fistula in the Anus.

CALEB B., aged 49. The parts are riddled, in consequence of sinuses extending in various directions. The affected structures are laid open and scraped with the handle of the scalpel in order to destroy the exhuberant granulations. There is in this case, a predisposition to phthisis. Let the bowels be locked up for a few days, and keep the sides of the wound separated with lint.

March 26th. The wound is not yet healed, but it is improving under the use of nitric acid lotion, in the proportion of five drops to the ounce of water. The patient is taking cod-liver oil, quinine, good diet and milk punch.

Frosted Feet.

I. RICHARD W., aged 67. The patient has been at work on a vessel. He does not know whether or not his feet were wet. They however, felt cold, but did not annoy him much at the time. After work he went home, took off his boots and went to bed, his feet feeling somewhat numbed; but they were not cold. This happened one week ago. Next morning, he went to work as usual, his feet feeling a little sore. The soreness increased. On the third day, they were swollen and blistered. Both dry and wet cold produce effects similar to those of burns. The first effect of dry cold is a sense of numbness and weight, with a peculiar tingling, the parts having a reddish appearance. The parts at length become stiff and perfectly insensible. The blood retreating from the surface, leaves it pale. Sometimes, when the cold is suddenly applied, and very intense, the surface exhibits a mottled appearance, depending upon the presence of coagulated blood in the superficial veins. The effects of moist cold are very similar to those of dry cold.

Vesicles finally appear, filled with a yellow or serosanguinolent fluid. Frost bites sometimes result in gangrene. In this case the gangrene is superficial, involving the skin, together with the substaneous cellular tissue of the toes. The swelling extends above the ankles.

March 26th. This patient is very nearly well and will be fit to be discharged in a few days. Stimulating lotions have been used alternately with poultices medicated with acetate of lead.

2. JOHN E., aged 68. The patient was frost-bitten fifteen years ago, but did not suffer much inconvenience until about ten days ago, when, in consequence of exposure at night, his feet became wet and very cold. The large toe of the left foot in this case is entirely destroyed. The feet are much swollen, as well as the lower portions of the legs. Some of the muscles are still alive. A line of demarkation seems about forming. Except its anterior and inner protion, and the large toe, the left foot may be saved. There is a pent up fluid in the dorsum of the foot, which is found to be pus. The fetor is intense. The patient has no pain; his appetite is good; he sleeps well; his tongue is somewhat coated.

In this affection the circulation and sensibility are more or less impaired. The indication then is to bring the affected parts gradually to their normal condition, by restoring this impaired circulation and sensibility. In order to effect this, the parts must first be immersed in iced-water, or very gently rubbed with snow, the friction being made as lightly as possible, lest over-action be produced, in structures

which are already much weakened. All warm applications must be refrained from. The patient must not even be placed in a warm room.

As soon as the natural temperature is in some degree restored, slightly stimulating embrocations or dilute spirits, etc., should be resorted to, such as soap liniment and spirits of camphor. The patient may now be placed in a warm room, but not near the fire. If the local reaction be severe, astringent and cooling lotions should be used. If there be incipient mortification one of the best applications will be tincture of iodine. Fetor is allayed by the chlorides, and the sloughs, as soon as they become detached, must be removed. If there be pent up fluid, let it out; if pain, use anodynes; attend to the secretions and diet; if there is much discharge and the patient is weak, administer milk punch, iron and quinine. In such cases when should amputation be performed? In the majority, not at all. Nature is the best surgeon, and every operation must be refrained from until there is a well-marked line of demarkation; and even then, the use of the knife is liable to be followed by pyemia, erysipelas, or a recurrence of gangrene. It is Dr. Gross's experience that, when the knife is used, the effects are generally injurious. In the former case, which is comparatively a mild one, we will apply poultices, medicated with lead water. In the case before us, apply locally poultices with lead and laudanum, with free use of chlorinated soda. Give the patient quinine, iron and milk punch.

March 26th. This patient has been, from the time of his admission into the ward, on the supporting treatment. In consequence of the frost bite, he became much exhausted. Nevertheless, the condition of his feet began to improve, and on the 24th, when we last saw him, his feet were nearly well. The two phalanges and metatarsal bone of the great toe of the left foot are gone. About three weeks ago, a phlegmonous abscess made its appearance in the breast. This was attended with profuse suppuration and in consequence of this, together with the exhaustion from his original affliction, he sank and died March 25th.

Editorial Department.

Periscope.

FOREIGN.

REVIEW AND SUMMARY Of

"Clinical Studies upon Repeated Evacuations of the Aqueous Humor in Diseases of the Eye."*

Translated and Arranged
For the Medical and Surgical Reporter,
By A. Metz, M. D.,
Of Masillon, O.

(Continued from p. 262.)

IX. Iritis.

There is perhaps no more prompt means of subduing acute inflammation of the iris, than the evacuation of the aqueous humor. The relief is nearly always almost instantaneous, the supra-orbital pains cease often as by enchantment. One or two sittings for evacuations are always sufficient to banish the recrudescences of iritis. Until then the pupil will prove refractory to atropine, but immediately afterward will dilate rapidly. The aqueous humor hardly ever runs out limpid; its color varies according to the kind of iritis; in simple iritis, it is orange; more deep yet in color when the iritis is accompanied with an affection of the internal part of the choroid; if the iritis has assumed the serous form, it is whitish, albuminous, like light oil. Its reproduction in acute cases is rapid; at each sitting the anterior chamber ought to be evacuated two or three times. The evacuations cause the absorption of the dark spots that are frequently met on the lens after the dilation of the pupil. All the other means of arresting iritis must not be neglected, and unless they do not promptly enough afford relief, we must not recur to evacuations. Nine cases are reported to illustrate the correctness of the above views.

X. Hypopion.

It is evident that in removing the pus from the anterior chamber, a bad complication of the disease which produced it is overcome. To accomplish this, a puncture a little larger than is necessary for the evacuation, simply of the aqueous humor, is made in some sloping portion of the corneal circumference. No attempts must be made to remove the pus that does not flow out spontaneously with the aqueous humor, unless some clots too large to pass through the incision present themselves. The removal of the pus is confided to the aqueous humor, which is evacuated two or three times a day, as may be necessary. Each evacuation carries off some of the particles of pus, until all is removed. Sometimes it is necessary to continue the evacuations for several weeks. Fifteen cases are reported, which demonstrate the utility of this bold practice.

XI. Choroido-keratite; Keratites Ponctuees et Interlamellaires.

The evacuations are found quite useful in all these forms of disease, partaking more or less of an inflammatory character. They constitute the most efficacious means of arresting inflammation and regulating the circulation and the altered nutrition of the cornea, in deep and interlameller keratitis. In deep dotted keratitis, the aqueous humor is obscured, and sometimes more or less tinted with red. It is cleared in proportion as the symptoms of inflammation diminish in intensity. If care is taken to completely evacuate the aqueous humor the first sitting, this phenomenon, in consecutive evacuations, is not repeated, and the humor itself is more limpid. This truly local treatment need not exclude other means, but it solves for the physician one of the greatest therapeutic difficulties: the treatment of a grave local inflammation, resulting from general causes demanding a restorative treatment.

Seventeen cases are reported to establish the indications in these diseases, for evacuations, of iridectomy, and of these two means combined.

XII. Accidents Consecutive to Operations, etc.; Evacuations as Preventive and Curative Means of these Accidents.

The author employs this treatment in the long series of accidents consecutive to internal traumatism, in acute iridochoroiditis, with plastic or purulent effusion, of which, softening of the eye is almost the only termination, and hence, has placed this method among the series of general treatment consecutive to internal operations.

In the operation of iridectomy, when blood is effused in the anterior chamber, it is the precept to do what can be done to remove it; under such circumstances, after having tried to evacuate it directly, it is best to wait until the aqueous humor is reproduced; and, before putting the patient to bed, three, four, or more evacuations are made, and to be

repeated several times during the day. The excessively rapid absorption of the clots of blood is witnessed, even when they fill the entire anterior chamber. Every time that this accident has been thus managed, there has been no failure, no grave inflammation consecutive to the operation. The hyphœma is not by itself a grave matter, when care is taken to counteract the ocular congestion.

Linear Extraction of Cataract.—This treatment is yet more generally and continuously applicable, principally when fragments of the lens remain behind the iris. The humor is evacuated one, two, or three times, immediately after the operation, and repeated afterwards, evening and morning, unless the eye is thoroughly quiet. Atropine and iced compresses are added to the treatment.

After the operation of *cataract by extraction*, the iritis being more or less acute, the pupil manifesting a disposition to close, when there is peri-corneal injection, absorption is arrested or slow. The repeated evacuations will arrest these disorders of the circulation and innervation. It is sometimes necessary to persist some days, and make two or three evacuations a day, according to the acuteness of the symptoms; but, ordinarily, a few days are sufficient to cure the malady. The funnel shape which the iris assumes is the imminent indication of this commencement of iritis.

These happy applications have induced the author to try evacuations in the grave cases of irido-choroiditis, consecutive to operations. Whatever period after the operation, if the eye has not entirely healed, if, on opening the internal angle of the lids, some tears escape, the eye is examined, and, the little there is to fear from reaction, the stylet is introduced through the corneal wound, and the escape of the aqueous humor is followed by the cessation of pain. As soon as a little chemosis, puffing of the upper lid, or of trouble of the anterior chamber, *accompanied or not* by pain, more or less severe, indicate the origin of ophthalmitis, it is necessary to act immediately. Twenty-five cases are reported by our author, showing happy results. In a note on page 312, he produces the significant fact that, in the last four years, he has operated, for cataract, three hundred and nineteen times, amongst which are only twenty-eight failures.

XIII. Tire du Memoire de M. Reymond; (*)Opake Staphyloma of the Cornea; Procidentia of the Iris; Ulceration and Softening of the Cornea; Pannus.

1. Opake Staphyloma of the Cornea and Keratocomes.—When it is recent, limited in its period of growth, the ordinary means must first be tried: Punctures and repeated evacuation at the periphery of the cornea, or summit of the tumor, compression, cauterization, according to the method of Richter. If these means do not suffice, iridectomy must be practised soon, which, as soon as the following day, is ordinarily followed by considerable decrease of the tumor, and of which the results have been constantly happy in the clinic of M. Sperino, even with children. The operation has never been followed by accidents, and there have been no immediate relapses which have not been arrested by the evacuations of the aqueous humor. Complete cures are sometimes slow, but durable effects are always obtained.

2. Procidence of a Grave Character of the Iris Across a Large Central Destruction of the Cornea.—Under these circumstances, it is necessary to remove a large piece of the iris, but not of the herniated part. An incision is made in the circumference of the cornea, and by this incision the iris is seized by forceps or the hook, and cut off. The central tumor disappears immediately, not to reappear until after the reproduction of the aqueous humor. This hernia of the iris is caused by the pressure of the aqueous humor, and disappears as the pressure is removed. The author here gives a very ingenious explanation of the process employed by nature to bring about the cicatrization of the ulcer, based upon the diminution of ocular pressure by iridectomy and the evacuation of the aqueous humor.

3. Grave Ulcers and Softening of the Cornea.—When an ulcer or extensive softening of the cornea is manifestly under the dependence of a deep-seated, glaucomatous disease of the eye, iridectomy and evacuations of the aqueous humor are indispensable, because the ordinary means cannot arrest the progress of the malady. The same is required in a vast and profound ulcer menacing perforation or extensive softening of the cornea, with chemosis, endo- and peri-orbital pains, getting worse in spite of the ordinary treatment; and if the affection has already progressed far enough to render, at a later period, the formation of an artificial pupil necessary, iridectomy, supported by the evacuations, must be resorted to. The ulcer loses its tendency to burst, the pains promptly cease, the injection and the corneal tumor soon disappear.

4. Pannus of the Cornea.—In the pannus which follows long standing conjunctivitis, and which persists a long time after the latter has disappeared, iridectomy is performed in the portion of cornea most transparent, or evacuations where there is no central leucoma and the cornea is not too thin. At the end of several days the corneal injection diminishes, the periorbital pains and the photophobia, when they exist, disappear; the pupil is seen behind the choroid cornea; the smallest vessels and the opacity considerably diminish. The conjunctiva yields better to local applications, and the palpebral flux to collyriums. The pustules do not reappear, at least, rarely. These results are due, says the author, to the fact that all the maladies are under the dependence of inflammation involving the deep tissues, and which the operation cures. Here the evacuations, although much less effectual than iridectomy, are yet of great service.

The history of thirty-one cases complete the interesting work of M. Reymond. Such is the *résmué* as concise and true, and also as complete as the space at our disposal permits, of the first thirteen chapters of the work of M. Sperino. We have only to say that in it the reader has all the elements to judge the operative method recommended by the Surgeon of Turin; but it lacks the remarks and observations, of which his work is full, and which establish victoriously the precepts given by the author. The report of these cases must be read, studied, meditated on, to get the fruits given in this interesting monograph.

(*) Iridectomia sola ad associata alle evacuazioni dell' umor acquea nella cura de alcune mallattie cornealli, ecc. per Carlo Reymond. Torino, 1862.

Curious Attempt at Murder.

An attempt was lately made on the life of a medical man in Italy, who had refused five hundred francs which had been offered him as a bribe to declare that a young conscript was unfit for military service. He was shot at by the friends of the conscript, severely wounded, and barely escaped with life.—*Brit. Med. Jour.*

Reviews and Book Notices.

Chemistry, by Wm. Thos. Brande, D. C. L., F. R. S. L. and E., of Her Majesty's Mint; Hon. Prof. of Chemistry in Royal Institution of Great Britain, etc., etc.; and Alfred Swaine Taylor, M. D., F. R. S., Fellow of the Royal College of Physicians of London, and Prof. of Chemistry and Medical Jurisprudence in Guy's Hospital. *Experimentis et præceptis.* Octavo, muslin, p. 696. Philadelphia: Blanchard & Lea. 1863. Price, $3.50.

This work is intended for the use of students, and aims to occupy a medium position between the smaller and more elaborate works on chemical science. The authors disclaim any intention to furnish a Treatise on the Science of Chemistry, but to provide the student and general reader with a plain introduction to the subject.

The work is divided into four parts. The first part is Introductory, and consists of five chapters, chiefly elementary.

Part II. Treats of the Metalloids in seventeen chapters. These chapters treat of the various gases and their non-metallic compounds, which we need not occupy space in enumerating.

Part III. Treats of the Metals, their properties, composition, etc., in twenty-one chapters. The physical properties of metals in general, and their relations to heat, light, electricity and magnetism are discussed. Also the qualitative analysis of the oxydes and salts of certain metals, and their most important compounds. This part contains an interesting chapter on photography and its applications.

Part IV. Consists of fourteen chapters, and treats of Organic Chemistry. An appendix treats of weights and measures, barometrical and thermometrical equivalents, changes in the volume of gases, by pressure, and by temperature, aqueous vapor in gases, specific gravities, and a table of simple and compound gases and vapors.

Practical Toxicology is treated of in reference to the most important poisons, in an elaborate and satisfactory manner, and the processes given for their detection.

This work is well adapted to the wants of students and practitioners of medicine. A competent chemist superintended its passage through the press, and some of the chapters were corrected and revised by the authors themselves, as they were passing through the press. The work is neatly and substantially got up.

Obstetrics; The Science and the Art, by Chas. D. Meigs, M. D., lately Prof. of Midwifery, and the Diseases of Women and Children in Jefferson Medical College at Philadelphia, etc. etc. etc. Fourth edition, revised. With 129 illustrations. Octavo, sheep, pp. 730. Philadelphia: Blanchard & Lea. 1863. Price, $3.75.

This is the fourth edition of a well-known and very popular work on Midwifery. Dr. Meigs' long experience as a practical accoucheur and a teacher of midwifery, are an earnest of his fitness to indite a work on that subject. Nor has the effort disappointed reasonable expectations, for Dr. Meigs has certainly produced a most practical and useful work on obstetrics, replete with instructions given plainly, and in an attractive form, and well illustrated by numerous cases.

This edition has been amended "by changes in its form; by careful corrections of many expressions, and by a few omissions, and some additions as to the text." The chapter on Placenta Prævia has been recast in order to notice certain new modes of treatment, which the author regarded as not only ill-founded in philosophy, but as dangerous to the people. The form of the work has been changed by dividing it into paragraphs, or sections.

The work is divided into four parts. Part I. treats in five chapters, of the anatomy of the parts concerned in the Act of Reproduction. Part II. treats of the Physiology of Reproduction, in three chapters on Menstruation, Amenorrhœa and Pregnancy, respectively. Part III. treats of the Therapeutics and Surgery of Midwifery, in fourteen chapters. Part IV. treats in a single chapter of the History and Diseases of the young child.

A Manual of Minor Surgery, by John H. Packard, M. D., Demonstrator of Anatomy in the University of Pennsylvania, one of the visiting Surgeons to the West Philadelphia Military Hospital, etc., etc. With 145 illustrations. Authorized and adopted by the Surgeons-General of the United States Army, for the use of Surgeons in the Field and General Hospitals. Duodecimo, pp. 288. Philadelphia: J. B. Lippincott & Co. 1863. Price, $1.50.

With a report of a commission appointed by the Surgeon-General, U. S. A., recommending this as "a better text-book upon the subject than any of the treatises with which the American market has hitherto been supplied," staring us in the face, it may be considered presumption in us to say that we utterly fail to discover the peculiar merits thus set forth, as compared with the manuals of Dr. Henry H. Smith and Dr. F. W. Sargeant. A new edition of either of the above works, if they are out of print, would, in our opinion, have much better met the wants of the profession.

We trust that the Surgeon-General of the United States is not going to lend the influence and authority of his high office to the production of works of inferior merit, merely for the sake of dispensing patronage.

The New American Cyclopædia.—This great national work, published by D. Appleton & Co., is now completed.

The publication of such a work was a great undertaking, and its complete success at the present time, proves its great necessity, as well as the great ability with which the enterprise has been executed. It constitutes a library in itself, and should be in the possession of every man of any literary or scientific pretensions.

The publishers are issuing an Annual Cyclopædia, which is designed as a supplement to, and continuation, from year to year, of the New American Cyclopædia. In view of the present historic period, the supplement is, if possible, more interesting than the main work. Two volumes of the Annual are now completed, and they are uniform in type, size, binding and price, with the American Cyclopædia.

Success to this, the greatest of all book enterprises of the present age, in this country, and to its enterprising publishers. G.

Opium altered by Age.

In his memoir on opium, M. Guibourt states, that in analysing an opium kept in his store nearly twenty years, he obtained less morphia than he had extracted from the same opium when recent. The product obtained was strongly colored, and the alcoholic solution equally so. The extractive matter, (says the professor,) and other principles without doubt, the morphia, perhaps, is converted into a brown body (apotheme?) little soluble in water, but soluble in alcohol like morphia, and precipitating with it by the cooling of the liquid, and can only be separated by combining the alkaloid with an acid, and deodorizing the salt by charcoal, &c.—*Rep. de Pharm.*, April 1862.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MAY 30, 1863.

CALOMEL AND TARTAR EMETIC.

"Cort., Merc., Ant.," is the motto inscribed on the altar in the temple of science, on the seal of one of the oldest and most respecable medical societies in this country.

In an order which we published last week, the Surgeon-General has, so far as his influence goes, lopped off two of these fundamental articles of the armamentarium of the practical physician. As far as evidence goes, the third deserves the same fate—for if calomel and tartar emetic have been "abused," as the Surgeon-General says, in this war, the preparations of bark have been much more abused.

This order is calculated to create a sensation. How it will be received by the profession, and whether it can be practically carried out, remains to be seen. We are as much in favor of a limited use of the more heroic remedies of the pharmacopœia as any one can be, but we know not one of them which, under certain circumstances may not be useful, nay, indispensable. Because they are occasionally abused by ignorant men does not seem to us a sufficient reason for dispensing with them altogether. We should rather say, dispense with the ignorant men.

Calomel and tartar emetic have, for a long time, held a principal place among the remedies in the dispensing shop, the saddle-bags, or the pockets of the practical physican. Both are powerful remedies, and both have been abused, but we respectfully submit that it is the ignorant, and not the intelligent physician who has abused them. Before his elevation to his present high and very responsible position, the Surgeon-General, it is well known, distinguished himself as a physiologist rather than as a physician—in theory rather than in practice. Theoretically, the profession well know there are remedies which can take the place of these powerful agents, but the records of our hospitals, of the daily experience of our practical physicians, and the teachings of our text-books, go to show, that as yet, the theory has not received the full sanction of intelligent practitioners of medicine. It is one thing to have these powerful remedies for occasional use when needed, and another, to be compelled to dispense with them in all emergencies.

Never, in the history of mankind have new ideas been more rapidly adopted, and old prejudices more thoroughly broken down, than in this country during the past two years, and it is possible that the medical profession will be content to revise its records in relation to some of their boasted and hitherto most trusted remedies. One thing is certain, medical men will be found ever ready to adopt any practical substitutes for the more potent remedies of the materia medica, while no fulminations, even from so authoritative a source as the Surgeon-General's office, will induce them, except under positive military orders, to dispense with the use of remedies whose value rests upon experience rather than theory. Clergymen, lawyers and politicans have been compelled by the march of events during the past two years to revise their records, and why not physicians.

"NATIONAL ACADEMY OF SCIENCES."

A state of war always seems to give activity to other interests beside those bearing directly on the circumvention of an armed enemy, or the destruction of human life. It is matter of history, that such is the very time when interests bearing on the progress of the human race in every direction, claim, and receive the most attention, as if to compensate for the destruction of life, character, and resources that are inseparable from a conflict of arms. In the history of the world very few legislative bodies had such momentous interests incident to a state of war on a most gigantic scale, to claim their attention, as did the Congress which closed its sessions on the 4th of March last, yet few have ever legislated more in the interests of peace and human progress.

It is not necessary for us to designate the various acts referred to, they will be found among the records of the last Congress; but among its closing labors it passed one act without a division in either branch, which is of great interest to physicians and scientific men generally. We refer to an act published on another page, incor-

porating the "National Academy of Sciences." The minutes of the first meeting of the Academy, also published in this number, will, at least, in some degree reveal the objects and aims of this association.

But, while we hail with peculiar gratification the organization of this Academy, and that on a basis that has the promise of permanency, we could have wished that it had been a little less exclusive, that it had embraced within its folds a wider range, or, at least, provided for the accession of a larger number of members from the various branches of science. Perhaps it is intended to make such provision, either by the adoption of two classes, Members, consisting of fifty, as provided for in the Act of Incorporation, and Fellows, from among whom vacancies in the first class might be filled; or by means of branch Academies throughout the country, with which scientific men can associate themselves, the principal officers being selected from the membership of the National Academy.

The Academy will be composed of individuals in all the different departments of science, and why should it not embrace all scientific men in its connection, and adopt some such plan as suggested above, in order to have a limited membership of the more distinguished scientific men of the country, while admitting to fellowship scientific men of all grades, whose attainments may render them worthy of the association.

If such a suggestion could be adopted in regard to connection with the Academy, the medical profession as a body, or those of its individual members whose attainments will warrant it, might become associated with it, and the Academy thus take in the present American Medical Association. Sections on the various branches of practical medicine and surgery could be added to those already adopted by the Academy.

We are the more earnest in throwing out these suggestions, because the American Medical Association as at present constituted, is, in our opinion, wanting in elements calculated to secure permanency and vitality. We have heretofore taken occasion to suggest Boards of Examiners for admission to the honors of the Association, a permanent Secretaryship, and the holding of most of the meetings at one place, with the view of insuring greater stability. The suggestions have been well received by the profession, but have not yet been acted upon.

It is evident that there is something lacking in the organization of the Association, and it may be supplied by a connection with the Academy of Sciences, if that is possible; or, if not, let it apply to Government for *a charter*, and adopt one feature of the Academy, viz.: a permanent place of meeting, with intermediate meetings in different parts of the country. This would give to the Association permanency and character, and insure progress. We trust that these suggestions will receive attention at the approaching meeting of the Association at Chicago.

Correspondence.

FOREIGN.

LETTER FROM W. N. COTE, M. D.

Geneva, *Jan.* 3, 1863.

[Continued from page 61.]

Efficacy of Chinese Remedies.

In a letter addressed to the president of the *Société d'Acclimatation*, M. Guillmain, a missionary in China, gives a glowing account of the extraordinary fertility of the country, and, among other things, expresses his surprise at the efficacy of certain Chinese remedies, which are utterly unknown to Europe and America. He quotes the example of a Father Leturdu, who, having passed four years in a Chinese prison, where he contracted a pulmonary affection, was literally kept alive by certain pills which a Chinese doctor gave him; and when he subsequently attempted to return to a European treatment, he got worse, and only recovered by recommencing the Chinese pills. In another instance, a European physician belonging to the French Navy utterly failed in mastering a violent fever which threatened the life of a Chinese convert, but a native physician obtained a complete cure in the course of a quarter of an hour by administering certain simples which he gathered on the spot. Let us hope that these sovereign remedies will soon find their way to us.

Hypophosphites in Pulmonary Tuberculosis.

As regards the hypophosphites of which I made mention in one of my preceding letters, I see that Dr. Fauconnet, chief physician of the Cantonnal Hospital, employs them in tuberculosis pulmonalis with some success. He gives them in the following mode:

℞ Hypophosph. calc.,
Extract. conii, āā, 3j. M.
F. pil. No. 72. Six pills per day.

The University of Erlangen and Dr. Herz.

In virtue of the new law which accords to the Jews of Bavaria full political and civil rights, some members of that body have just been appointed Government functionaries. One of the medical celebrities of Munich, Dr. Herz, a Jew, has been nominated professor in the Faculty of Medicine at the University of Erlangen. This is a step in the right direction.

Remedy for Catarrhs.

In the present season, when colds are prevalent, the following remedy, published by Dr. Janot, of Toulouse, may be found useful. It simply consists in rubbing the nape of the neck and the occipital region repeatedly with the alcoholic tincture of lavender. He states this to be a sovereign remedy for all catarrhs, in cases which may have resisted the application of blisters, sulphurous waters, and even sea-bathing.

Oxygen in Gangrene.

The application of oxygen to the cure of gangrene, discovered by Prof. Laugier, which I mentioned some time back, is attracting attention in the medical world, and giving rise to conflicting opinions. It appears certain, now, that oxygen is a specific in those cases in which the gangrene has arisen from the obliteration or diseased state of some vessel, when, on the contrary, the affection is owing to a general deterioration of the humours. It does not, indeed, effect a cure, but it at all events hardens the affected part, and deprives it of that horrid smell so nauseous to the patient himself, and to those around him.

Meteorology.

M. Matthieu de la Drôme's predictions of the weather are beginning to enlist partisans in his favor, notwithstanding the coldness with which the Academy of Sciences and the scientific world generally have met his endeavors. It cannot be denied that the inundations which took place in the beginning of November last were predicted by him with singular success. He had announced great rains and swollen rivers along a line six hundred leagues in length, commencing from Cette, in France, and extending beyond the Black Sea. From the 28th of October to the 8th of November, seventy-eight millimetres of rain-water were marked by the pluviometer of Biziers, and one hundred and thirty-two by that of Turin, and numerous maritime disasters on the coasts of the Mediterranean and Adriatic corroborated his predictions. I now learn that M. Matthieu's theories about the weather are by no means the fantastical offspring of superficial observations, but the result of a seven years' patient study of the meteorological journal, kept at the observatory of Geneva. It was thus he passed the days of his exile, and it would, therefore, be both unjust and inconsiderate to discard the fruits of his labor, as unworthy of notice, without due examination.

Specific for Intermittent Fevers.

The *Société d'Acclimatation* has also received a letter from India, accompanied with a box containing a quantity of seeds of the *cæsalpina bonducella*, a plant which, according to Mr. Hayes, the writer of the letter, is much used there as a specific for intermittent fevers. The Bengalee for the plant is *natha*. It is a small creeper, producing a nut, the kernel of which is exceedingly bitter, and possesses the qualities of cinchona in an eminent degree, with this exception, that it is aperient rather than the contrary, a valuable property in a tropical climate where the biliary system is so generally affected. One of these seeds reduced to a paste, with three or four pepper-corns, and taken three, four, or five times a day, with the adjunction of cherettah tea, (*gentiana cherayita*,) is generally found so infallible in its effects that many European physicians in India have adopted it, and will, probably, in a few years, abandon bark entirely. Cherettah is a kind of gentian which grows on the mountains skirting the course of the Ganges, and may be got at all the bazars of Bengal. It is a stronger febrifuge than the *gentiana lutea* of Europe. Native physicians employ natha, also, as a powerful tonic. They administer it in powder mixed with spices and castor oil. Externally, the seed is applied in cases of hydrocele. At Amboyna, it is administered as a vermifuge. The roots are used as a tonic in dyspepsia. In Cochin-China, the plant is considered deobstruent, and the oil extracted from the leaves is found useful in paralysis. In Egypt the women make necklaces and amulets with the seeds. The latter are often carried to great distances by the sea, as for instance, to the coast of Scotland, where they are known as *molucca beans*. It is singular that the remarkable virtues of this plant should have remained so long unnoticed, offering, as it does, a cheap and powerful substitute for cinchona which, as every one knows, commands a high price. As this plant thrives in Egypt, Mr. Hayes thinks that it must prosper in Algeria, and even in the south of France.

Union of Two Animals.

A curious and interesting experiment was lately made at Strasburg, to effect the union of two animals so that they might, to a certain degree, have a life in common. It was, indeed, producing artificially what nature produced spontaneously in those extraordinary phenomena, the Siamese Twins. Two white rats, of the Albino species, were selected for the experiment, probably as being more manageable than their darker brethren. An incision was made on the right side of the one, and on the left of the other, engaging the skin and the cellular tissue under it. The surfaces of the two wounds were kept closely together by sutures and bandages until the sixth day, when union by the first intention was found to have taken place. They then walked side by side, being united by a fleshy band. An attempt to poison both by the mouth of the one did not succeed, but an injection thrown into the jugular vein of one animal was found to have entered the superficial femoral veins of the other, showing clearly that an intimate vascular union had already taken place between them. This interesting experiment may have a most important bearing on restorative surgery.

W. N. Côte.

News and Miscellany.

American Medical Association.

Just as we are going to press, the following has been received:

CHICAGO, *May* 16, 1863.

To the Members of the
American Medical Association.

For the last three years a regular conventional agreement has existed between all the great lines of railroad, connecting the East with the West, by which they are bound to make no reduction on *fares* for passengers to, or from, any Conventions, Associations, or public meetings whatever. Before the meeting of the Association for 1861 was postponed, the present Committee of Arrangements carried on an extensive correspondence with the Superintendents of all the principal routes of travel, and finally presented the matter to a Convention of Railroad Officers, which was held in Chicago, in the spring of 1861. But no commutation of fare for members of the Association could be obtained. During the two years which have elapsed since, someof the railroads were known to have violated the rule against commutations, and the Committee renewed its efforts for the coming meeting of the Association. But at a meeting of Railroad officers, in Buffalo, on the 29th of April, 1863, the previous rule prohibiting *commutation* of *fares* for all public gatherings, was re-enacted, and the application in behalf of the National Meeting of the Young Men's Christian Association, to be held in this city during the first week in June, was refused as well as our own. At that meeting, in Buffalo, however, the officers of one or two important roads declared that they were already pledged to return members of the "*Canal Enlargement Convention*," to be held in the City of Chicago on the 2*d day of June*, over their roads *free*, and consequently they could not agree to a renewal of the rule for refusing commutations, unless that canal meeting was made an exception. That proposition was agreed to, and the arrangements have been completed to return all members of the *Canal Convention free*, over the same roads on which they come. Therefore, we wish distinctly to inform all members and delegates to the American Medical Association, that they can *return* home from Chicago *free*, by arriving here on or before the morning of Tuesday, June 2d, and immediately reporting themselves as members of the said Canal Convention.

To remove all doubts about the practicability of such a course, we will add, that the *Canal Convention* is to be a "*Mass Meeting*," to which all are invited; and further, that the Local Committee on Invitations to that canal meeting have formally requested the Local Secretary of the American Medical Association to invite all the members of the latter to attend the former.

Yours, truly, N. S. DAVIS,
Ch'n Com. Arrangements of
Am. Med. Association.

MARRIED.

CASSEL—WEEKS.—On January 2d, 1863, by the Rev. David Gaston, Dr. J. K. Cassel, U. S. A., formerly of Montgomery county, and Miss Kate A., youngest daughter of Mr. C. Weeks, of Philadelphia.

FORBES—WILSON.—April 21st, in Washington, Ohio, by Rev. W. M. Ferguson, Dr. Robert S. Forbes and Miss Malinda J. Wilson, both of Byersville, Ohio.

DIED.

AYRES.—In Brooklyn, on Tuesday, May 19, Alice Mary, only daughter of Dr. Daniel and Augusta C. Ayres, aged 2 years, 1 month and 27 days.

KELLEY.—On Tuesday, May 19, at his residence, No. 52 Bleeker street, Dr. John Clawson Kelley, of New York, in the 70th year of his age.

METEOROLOGY.

May	18,	19,	20,	21,	22,	23,	24.
Wind	N. W.	N. W.	S. W.	W.	S. W.	W.	N. E.
Weather	Clear. Show-er.	Clear.	Clear.	Clear.	Clear.	Clear.	Clear.
Depth Rain	.1						
Thermometer							
Minimum	47°	46°	45°	49°	51°	55°	59°
At 8 A. M.	61	56	67	70	73	75	70
At 12 M.	64	65	78	81	85	85	80
At 3 P. M.	66	68	81	84	88	89	71
Mean	63.6	63	75.3	78.3	82	83	73.6
Barometer.							
At 12 M.	30	30.1	30 1	30.3	30.2	30	29.9

VITAL STATISTICS.

	Philadelphia. Week ending May 16.	Baltimore. Week ending May 23.	Boston. Week ending May 23.	Providence. Month of April.
Population in 1860	565,529	212,418	177,812	50,666
Mortality.				
Male	133	39	41	51
Female	102	45	38	54
Adults	120	38	38	47
Under 15 years	107	42	.....	54
Under 2 years	68	21	.....	33
Total	235	84	79	105
Deaths in 100,000	40.48	39.54	44.43	207.24
American	174	.....	53	51
Foreign	44	.....	26	54
Negro	8	19	.....	5
I.—ZYMOTIC DISEASES.				
Cholera, Asiatic	...	...	...	...
Cholera Infantum	1	...	1	...
Cholera Morbus	...	1	...	...
Croup	3	3	5	3
Diarrhœa	3	...	...	2
Diphtheria	2	3	1	3
Dysentery	1	...	1	1
Erysipelas	1	...	1	2
Fever, Intermittent	...	...	...	...
Fever, Remittent	...	0	...	...
Fever, Scarlet	3	9	...	4
Fever, Typhoid	9	2	2	...
Fever, Typhus	0	...	...	...
Fever, Yellow	...	0	...	...
Hooping-cough	2	2	...	...
Influenza	...	...	...	...
Measles	1	1	...	...
Small Pox	6	5	...	...
Syphilis	1	...	...	...
Thrush	...	...	...	...
II.—SPORADIC DISEASES.				
Albuminuria	1	...	...	...
Apoplexy	3	0	2	1
Consumption	35	17	20	22
Convulsions	12	1	5	4
Dropsy	10	1	2	1
Gun-shot Wounds	2	1	...	...
Intemperance	2	...	1	2
Marasmus	5	...	3	1
Pleurisy	0	...	1	...
Pneumonia	12	1	...	7
Puerperal Fever	1	...	...	...
Scrofula	0	...	...	1
Violence and Accidents	4	1	1	6

NOTICES.

The Medical Society of the State of Pennsylvania.

Will hold its Fourteenth Annual Session in Philadelphia, on the second Wednesday, 10th, of June, at 11, A. M.

J. H. SMALTZ,
J. M. STEVENSON,
Recording Secretaries.

Ohio State Medical Society.

The Eighteenth Annual Meeting of the Ohio State Medical Society will be held at White Sulphur Springs, on Tuesday, June 16th. *Will some member furnish us an account of the meeting for publication?*

THE

MEDICAL AND SURGICAL REPORTER.

No. 342.] PHILADELPHIA, JUNE 6, 1863. [Vol. X.—No. 6.

Original Department.

Lectures.

LATERAL CURVATURE OF THE SPINE.

By Prof. Louis Bauer, M. D.,
Of Brooklyn, N. Y.

[Continued from page 18.]

Scoliosis.

The history of spinal supporters is the same as we have mentioned with reference to the orthopædic bed. They were originally rude, and constructed for longitudinal extension. The head was suspended by a steel spring, ascending on the back from the belt and fastened to the upper extremities. Hopard was the first who constructed a spinal supporter on the principle of lateral pressure and counter pressure. (fig. 78.) Tavernier*

Fig. 78.

speaks of its efficacy in high terms of approval. Nevertheless, Hopard's Inclination-belt has fallen into disuse by subsequent improvements. To enumerate all the inventions in this line would be an ungrateful task, and scarcely realize the value of our time. All of them can be reduced to the same principle of lateral counter-pressure, to which the support of the arms is added. We beg to lay down the rules for the proper construction of the like apparatus.

1st. An accurate cast of Plaster of Paris taken of the patient is indispensably necessary to give to the supporter *a perfect fit*.

2d. The pelvic belt being *the mechanical foundation of the apparatus*, should be most accurately adapted to the pelvis, according to the suggestions made on a former occasion. Most instruments are deficient in this point and lose their usefulness in proportion, however ingeniously constructed otherwise.

3d. Two pads intended to support or press upon the deviated portions of the spine and ribs. They should not only fit well, but likewise move on their respective supporters, so as to remain in place though the body may alter its position.

4. The brace, or braces, for the pads should be adapted to the deviation of the spine and to the form of the trunk in general.

Some surgeons give the braces the elasticity of a spring, others move them by endless screws, but most make them stationary. The last mode we prefer, as it does not interfere with the stability of the apparatus. To act by a sufficient pressure, so as to diminish the tension of the curvatures, whether by springs or endless screws, seems to be utterly impracticable. At any rate, we have observed that it affects only the position of the belt and not the deformity itself, more especially if but one pad is set in operation. The reason is plain. For either spring or endless screw, you require a firm point from whence they act, which the belt cannot afford. The resistance to be overcome by such action, is conjointly effected by the superincumbent weight of the body and the destination of the spine, against which the best adjustment and the greatest possible solidity of the belt is no mechanical counterpoise.

All we may reasonably expect from a spinal supporter is to prevent the progress of the deformity, and retain the same in *statu quo*. Our esteemed friend Barnhard Brodhurst, Esq., the studious and talented surgeon of the Royal Orthopædic Hospital, of London, has recently suggested

* Notice sur le traitment des difformités de la taille ou moyen de la ceinture sans lits à extension ne bequillas. 1841.

a spinal apparatus * with a view of accomplishing thereby radical relief from scoliosis. He gives the following description of the same:† "The instrument, to which I desire to direct attention, consists of a frame and a lever, and loops upon it. The frame is formed of a pelvic hoop (belt), of crutches springing from it, and rising to the axillæ, and of a connecting dorsal band, which uniting the crutches is placed at the superior extremity of the primary curve. This forms a frame which cannot tilt. The crutches are made to lengthen, and the dorsal band is also moveable, so that together or separately they may be raised as the curve is opened. Upon the centre of the dorsal band a lever moves on its axis. It is moved by means of a long screw, which is attached to the pelvic hoop and rising to the top of the shoulder is connected to the shoulder sling or loop. This shoulder sling is formed of a ring of gutta percha, it is accurately moulded to the shoulder, and lies upon the clavicle, the scapula, and the superior ribs beneath the axilla. It is placed on the shoulder, which corresponds to the concavity of the primary curve. The convexity is supported by a large pad, which embraces all the ribs that are connected with the vertebral curve. This pad is attached to the lever by a short arm which may be shortened as the curve is opened."

Brodhurst relates some cases successfully treated by the apparatus and exemplifies the amount of relief by diagrams taken from life. At first sight it seems almost incredible that a radical cure could be achieved in the erect posture and by so slender means as the lever and the shoulder hoops. Yet Brodhurst is an accurate observer, and a truthful recorder of facts. Without deliberate reflection and diligent test, no doubt should be attached to his statement. We therefore deem it but proper to enter on this occasion into a careful criticism of Brodhurst's spinal apparatus, for which so important qualities are claimed by its inventor. With laudable modesty Brodhurst acknowledges his indebtedness to Guerin and Lonsdale for the idea of unbending spinal curves; to Mr. Evrard he accords his share in the construction.

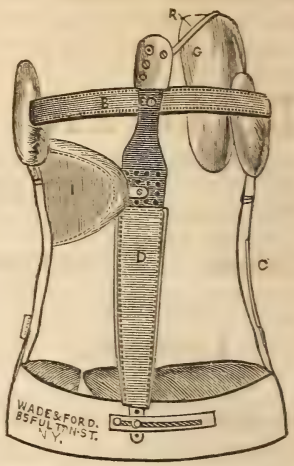
Now, gentlemen, in placing this apparatus (fig. 79) before you, it may seem as if it did not differ from the usual spinal supporters. A closer inspection can not, however, fail to arrest your attention with reference to some material modifications and alterations of the usual type.

There is the belt, the pad, and the crutches, as in others. You notice, however, that the crutches are connected with a cross-band which gives an unusual degree of firmness to the apparatus.

* On Lateral Curvature of the Spine. London John Churchill.

† Page 54. *Ib*

Fig. 79.

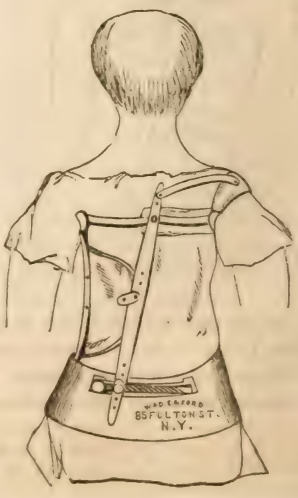


Again, whilst in most others, the dorsal brace is stationary, the lever in Brodhurst's instrument moves on a pivot with great power, actuating simultaneously the pad and shoulder-hoop, and thus operating in opposite directions. Whilst, therefore, the pad is brought to bear upon the dorsal curve through the ribs, the opposite shoulder is lifted and drawn to the other side, by which the weight of the spine is changed to the opposite side. The modus operandi of the instrument is therefore equal to the antiplastic movement of Werner, which in fact it renders permanent.

From the value which we have attached to the antiplastic manipulation of the latter, you may infer our estimation of the practical utility of the apparatus. But in order not to overrate its serviceability, you should bear in mind, that it can only affect the curves as long as the spine has retained its flexibility.

We have had occasion to employ the apparatus

Fig. 80.



in some incipient cases of scoliosis and can bear testimony to its practical value. This diagram (fig. 80.) exemplifies its application upon a patient.

In the third degree of scoliosis, the extent and character of the deformity admit of but slender hope for improvement, if any. Our therapeutical object is to re-establish flexibility of the spine and mobility of the ribs by all the means at our command. For if the interested portion of the skeleton is unchangeably fixed, no alteration of curvature can be effected.

For this purpose we employ Buehring's reduction apparatus, during night and day; use powerful frictions of the back with phosphorated oil, apply a strong current of galvanism in order to invigorate the degenerating muscles and resort likewise to the antiplastic manipulations of Werner. If we succeed in rendering the spine and ribs again moveable, we treat the case as advised under the previous degree. Should, however, the case resist all our persistent efforts, then it may be advisable to prevent its advancement by an appropriate spinal supporter.

A completely confirmed scoliosis with anchylosis of costal articulation and the intervertebral unions is equally unsusceptible to amendment or advancement.

The fourth degree is therefore, and in a therapeutical point of view, "*noli me tangere.*"

Communications.

A SELECTION OF REMARKABLE CASES, Occurring in a Practice of Eighteen Years.

By E. N. Chapman, M.D.,

Prof. of Therapeutics, Materia Medica and Clinical Obstetrics in the Long Island College Hospital, Brooklyn, N. Y.

(Continued from page 52.)

Spontaneous Evolution, (Pelvic.)

In the winter of 1851, I was called to a young woman in her first labor, who, for more than two days had had a midwife in attendance. Her pains, active and powerful after the rupture of the membranes, that took place thirty-six hours previously, became eventually less regular and energetic until they subsided almost completely; and now the patient worn out by ineffectual efforts and long-continued sufferings, was reduced to an extreme state of exhaustion, as was evident, not only from the cessation of uterine activity, but also from the constant retching and vomiting, the restlessness and jactitation, the dark, suffused countenance and rapid, running and flickering pulse.

On examination the right shoulder and arm of the child were found in the excavation, its back toward the pubes, and its head to the left side of the mother, resting above the rim of the superior strait on the ramus of the pubic bone. The shoulder was not crushed down as low in the pelvis, as usually is the case in such a presentation left to itself, but drawn closely to the left side; and the body extending toward the right sacro-iliac synchondrosis and doubled forward on itself, had been forced below the superior strait, allowing the scapula, spine and back portion of the ribs to be reached by the finger. In other words the child seemed to lie very nearly in the oblique diameter of the upper strait with the shoulder and back part of the chest below the linea ileo-pectinea. The os uteri could not be felt by the finger.

To confirm my diagnosis and make surety doubly sure, I now pulled down the arm and thus made myself certain of the presenting part by ocular inspection.

Not supposing that Nature would come to my aid, I left the house to obtain an assistant and also to procure my instruments. On my return in half an hour's time, I discovered that in the meanwhile, the pains had become expulsive and of considerable force; and by an examination, that the right buttock was distending the perinæum as in an ordinary breech presentation and that the arm had receded within the pelvis. Without any interference on my part, other than a gentle traction with my finger in the groin, the child, which was dead, was born in a few minutes. The process was extremely rapid and no unusual distention of the perinæum took place.

After a short respite, a second child, presenting the breech, was born dead. The woman by her reckoning, and from the maturity of the children, had attained the full period of gestation. I regret that from neglect I am unable to state the weight of the children accurately; though in both, I should think, it was between $4\frac{1}{2}$ and $5\frac{1}{2}$ pounds.

Had I not witnessed the change of position effected in this case by the natural resources, the possibility of spontaneous evolution at the full term of gestation would have always been to my mind problematical. It is certain that under the most favorable conditions, when the pelvis is roomy and the child small, this result is not to be expected or waited for, but that it can and has happened many times, as recorded by writers, I must now believe.

Two theories have been advanced in explanation of the mechanism by which spontaneous evolution takes place; the older, that of Denman, who was the first to describe and illustrate the process, was that the shoulder being driven against the unyielding sides of the pelvis, gradually in the periods of uterine relaxation, slid upward into the cavity of the uterus, taking the place of the breech, which in an equal degree slipped down into the excavation. In other words he supposed the child

to revolve as on an axis, the buttock and shoulder eventually changing places; when the labor was completed in the same manner and with as little delay as in an ordinary breech presentation.

This theory of Denman's was universally accepted by the profession, until it was called into question by Dr. Douglass in 1811, who proved, as it was thought, satisfactorily, that the explanation, offered by this author of the phenomenon, was incorrect, and that the presenting part could not return into the womb, when this was condensed and powerfully contracted, and thus allow the breech to glide into the excavation; but that the shoulder after many and powerful pains became fixed under the pubic arch, by which means the acromion process was thrust into the vulva and the neck against the inner face of the ossa pubis, when, through the slight additional space thus given, the body of the shild revolved on this fixed point as a fulcrum and was born by its coming down the pelvis doubled on itself and passing the vulva en masse without any change in the position of the shoulder, thus necessitating a frightful distention of the perinæum. In other words the shoulder is partly born, when becoming arrested by the neck impinging on the pubic bones, the fœtus revolves around this fixed point, and at the birth its entire body comes into the world at the same time.

It is not for me to deny that the process delineated by Dr. Douglass can take place, though I must confess that my doubts amount to an unbelief in this explanation of the act of evolution at the full period of gestation. It certainly seems impossible and I am certain that the evolution in the case related above was not effected in this manner. The woman was exhausted, almost in a moribund condition, the real pains of labor had died away, leaving only unequal irregular spasmodic contractions in their place. The shoulder was not under the pubic arch, and when, on my return to the house, the pains had recommenced, the shoulder was not to be felt, the arm was drawn up and the breech passed the perinæum, rapidly and with the greatest ease. In fact if at this stage I, for the first time, had seen the case I should never have suspected that it was other than a breech presentation.

It appears to me, that, as the child's neck rested on the ramus of the os pubis and its head extended into and was bent toward the abdomen by the neck of the womb, and as the side and back of the chest projected below and extended across the superior strait to the sacro-iliac symphysis, and as the buttocks were embraced by the opposite point of the neck; the irregular, spasmodic and cycumgyrating contractions of the uterus, but more especially of its neck, during the respite from true labor pains, changed the position of the child—elevating the head and shoulders and equally depressing the breech into the pelvis—when the pains were renewed. Judging from my observations in this case, I should say that spontaneous evolution, whether pelvic or cephalic, could occur in no other way, and that it must take place during the absence of the regular labor pains, by the unequal muscular action of the uterus or its neck shifting the position of the child.

Observations on NERVOUS DEAFNESS.

By Laurence Turnbull, M. D.,
Of Philadelphia.

(Continued from page 356, vol. ix.)

Pathology.

Owing to the difficulties in making anatomico-pathological investigations of the internal ear, but little light has been thrown upon the diseases of the membranous labyrinth. Joseph Toynbee, has made the greatest number of sections of the ear and states that the occurrence is very rare of disease of the labyrinth, for this reason: that ulceration of the mucous membrane of the tympanum, is far from a common disease, while, under the influence of chronic inflammation and of the secretion collected in the tympanum, the membranes, both of the fenestra rotunda and ovalis become thickened and turgid. Mr. Toynbee in his late work, has met with one case in which there was ulceration of the membranous labyrinth, he also reports four other cases. In two of them, the labyrinth, became carious or necrosed and the dead bone discharged without the production of any symptoms of cerebral disturbance. The first occurred under the care of Mr. Hinton in a man æt. 55, who suffered from a discharge from the right ear for some years, and at last the cochlea was discharged entire. The second case occurred to Mr. Shaw, in a boy æt. 7 years, who had suffered from otorrhœa in both ears, following a severe attack of scarlet fever, which he had two years and a half before. He had paralysis of the muscles of the left side of the face; for a year he had been completely deaf in both ears. The greater part of the petrosal portion of the temporal bone, including the meatus auditorius internus and labyrinth was removed by the forceps being separated by necrosis. He entered Middlesex Hospital, in July 31, 1856, and was discharged by the end of September. The ulcer in the tube cicatrized with the paralysis of the face and deafness, and with a trifling discharge from both ears, but otherwise in good health. In the other cases death resulted, the brain becoming seriously involved.

The following most interesting case, which also recovered, is quoted from Mr. Wilde. He says: "I am indebted to Sir Philip Crampton

for an examination of one of the most extraordinary pathological dissections of diseased bone, perhaps in existence, consisting of the entire internal ear, cochlea, vestibulum, and semicircular canals, with a small portion of the inner wall of the tympanum, which he drew forth from the meatus of a young lady, who, after the most urgent symptoms of inflammation of the brain, with paralysis of the face and leg, and total deafness of one side, recovered from the bad symptoms and the paralysis of the extremities after a copious discharge from the ear."

The following are the results obtained by Mr. Toynbee in fifty-four ears, (Nos. 711–793 and 755–770 must be abstracted, because they refer not to the "inner ear" but to the tympanum and the membrane of the round window:) "Atrophy of the auditory nerve, thirteen times, (and only in subjects between the ages of sixty and ninety years;) defective formation and diseases of the membranous and long semicircular canals, black pigment in the cochlea, narrowing in the scala-cochleæ-vestibule, abnormally abundant ear sand, once blood in the vestibula, once in the cochlea and in both ears of the same individual, dark spots on the spinal membrane (after a fall on the head, which had happened many years previously with ensuing deafness.") Only a few of the cases examined were known to be deaf during life, and for practical purposes but little is obtained, as the attempt was never made to diagnosticate any one of the changes in the labyrinth or the previous existence of functional disturbance of the auditory nerve during life. Mr. T. simply states that the patient was deaf in No. 724. In No. 736, "semicircular canal distended with otoconic, deaf and dumb." No. 746. "A portion of the cochlearis muscle enlarged, from a man æt. 48, deaf." No. 757, 758. "In each ear the membrana fenestræ rotundæ is thick and opaque. History—male, æt. 74; had been growing deaf for six or seven years; sometimes, as during a cold, had a humming noise in the ears, not in the head, also at times a pain running up in the left ear; he could hear the watch with pressure."

No. 759–760. The membrane of the round window or fenestra rotunda ossified and covered in its cochlear aspect by a deposit of osseous matter; the vestibule and cochlea contained a sanguineous fluid and their blood-vessels were greatly distended with blood—portio mollis nerve not seen. History—male, æt. 56, *insane:* so deaf that it was impossible to make him hear. Deafness hereditary, and also insanity on both father's and mother's side. It is not known whether he was born deaf, indeed it is said that he was able to read, but a sister was born deaf.

No. 762, (should have been classed with diseases of the middle ear.) No. 771. A tumor from the left ear of a man æt. 60, partially deaf. "It is attached to a portion of the nerve supplying the vestibule. Under the microscope the tumor presented nerve tubes, parallel fibres, and nucleated cells. The right ear was healthy."

No. 772, 773. "The ear from a woman who died from serous apoplexy with aneurism of the basilar artery. She was quite deaf. Each auditory nerve atrophied."

No. 776, 777. "From a woman, æt. 70, had been hard of hearing during many years. Latterly it was with the greatest difficulty that the voice could be heard through a speaking-trumpet. The auditory nerve atrophied, and less white than natural; membranous labyrinth atrophied."

No. 782, 783. "From a man, æt. 97, who had become gradually deaf many years ago. He was entirely deaf on the left side; could hear a loud voice close to the right ear. In each ear the membranous labyrinth appeared to be atrophied."

No. 784, 785. "From a man æt. 62, who had been deaf for twenty years. He required speaking to in a loud voice close to the head. Was worse during a cold. The membranous labyrinth was so much atrophied that its presence was scarcely to be detected, it having become one with the periosteal lamina. The otoconic was absent. On the tympanic surface of the lamina spiralis of the cochlea, external to the denticulate process are dark granules, which are aggregated into a thick band beyond them. The nerves distributed over the lamina spiralis appeared to be diseased."*

Dr. Volotoline, of Silesia, who considers all the methods of dissection of the labyrinth as imperfect but his own, has published two cases of dissections of diseased organs of hearing, sent by Dr. Cohn, of Breslau, with a history of the diseases. He observes, that he regretted that he had not an opportunity of examining any of the cases during life, and, therefore, he cannot give any positive information in regard to the auditory capacity. He further observes, that "The absence of an examination by the ear speculum and catheter during life, must not be over-estimated. This deficiency can be compensated, in a great measure, by post-mortem examinations. It is certain that most of the morbid changes, caused by disease, which can be discovered during life, by means of the speculum, auscultation, and percussion, can also be demonstrated upon the cadaver." His method is as follows: "I insert one end of a catheter into the tuba Eustachii, and let an assistant blow through it, while I apply the end of the diagnostic pipe described by Kramer.† This is the

* A Descriptive Catalogue of Museum of J. Toynbee. J. Churchhill, London, 1857.

† Deutcher Klinick, No. 52, 1858.

'otoscope' of Toynbee, with two nozzles or arms to the external meatus, the sounds which occur in the tympanic cavity can be very nicely auscultated and observed."

Case I.—Organs of a laborer, æt. 41. Died of phthisis pulmonalis and marasmus. There had been only partial deafness or difficulty of hearing; (we only give the dissection of the internal ear). Left ear, chorda tympani destroyed; nervous acousticus within the porus acousticus covered with numerous blood-vessels; nervus facialis, from the flexure outward, reddened and surrounded with pus; right ear nervus acousticus wanting in the labyrinth, which in other respects is normal; at all events, the nervus acousticus was torn off upon removing the brain from the cranial cavity, a circumstance which can easily happen, otherwise the absence of that nerve would be difficult to explain, as it could hardly be absent during life, as in that case the patient would not only have been hard of hearing, but deaf, particularly as he could not hear much with the left ear. [I do not consider this dissection of the labyrinth at all satisfactory.]

Case II.—Otitis interna in a laborer, æt. 35, who also suffered from phthisis pulmonalis. Facial nerve unimpaired; difficult hearing, said to have been the result of a wound. "Chorda tympani in its whole course through the tympanum gone."

Labyrinth.—Superior and posterior canals normal, but their openings into the vestibulum closed by the thickened ampullæ, as is also that of the horizontal canal. In the vestibule is a thickened, white mass, traversed by blood-vessels, which obscures the view of the base of the stapes, to which it adheres, and prevents it from falling out of the fenestra ovalis. This mass, likewise, prevents the view into the cochlea, (scala vestib.) Removed, it feels partly hard, partly gelatinous, and is difficult to compress. Under the microscope, it appears as thickened areolar tissue, and reveals pus corpuscles and innumerable otolithes, (the degenerated ampullæ.) In the horizontal canal are found otolithes also, many pus corpuscles and many blood-vessels. In the external wall of this canal is a hole as large as a lentil-seed, where it opens into the vestibulum, no longer closed by any thing but a tender cuticle. The interior integuments of the cochlea presents a dirty gray color, from a considerabe quantity of dark pigment, particularly about the modiolus. Under the microscope, mulberry-like granular masses of dark color are seen here which have almost the appearance of the otolithes of the ray or wash,* and common otholithes besides. The lamina spiralis is traversed by thick, red blood-vessels, in which pus corpuscles are perceived under the microscope.*

In 1858, the author of this article made a dissection of one of the organs of hearing in a girl æt. 6 years, who died in a state of coma; she had suffered from scarlet fever when three years of age; there was deafness in the right ear with free discharge of pus. Being in a private family there was more difficulty in obtaining a post-mortem, but in this case they were willing I should remove the ear and examine it in their presence. In this connection I will only state the condition of the internal ear, as showing how much disease may exist, the result of scarlet fever, in the middle ear without entirely de troying the functions of the internal ear. The membranous labyrinth was found thickened and the stapes covering the oval window. The semicircular canals and cochlea were almost free from disease, being only congested. The coverings of the brain were congested, with effusion of fluid in the ventricles.†

(To be continued.)

* Ef Leidig Histol. of Man and Animals. Frankfort, 1857. Page 271.

* Columbus Review, Dec. 1860.

† Observations upon "Otorrhœa" as a sequela to Scarlet Fever. By L. Turnbull, 1848. Med. and Surg. Rep., April, 1858.

‡ See previous numbers.

Hospital Reports.

Philadelphia Hospital
February 14th, 1863.

Medical Clinic of Dr. Da Costa.

Reported by *Dr. H. C. Wood*, Resident Physician.

PATHOLOGICAL SPECIMEN.‡

Tubercular Meningitis.

The class were first shown some pathological specimens. It was remarked that at the base of the brain, before the class, are numerous small granulations with the membranes evidently inflamed around them. The lobes of the brain are closely adherent and the superficial capillaries injected. These whitish or yellowish granules are a morbid product, which show that this is a case of tubercular meningitis. The deposit is confined to the base of the brain, and it is a singular fact that this form of meningitis affects only this portion, or at least involves the vault to a comparatively trifling extent. It is very rare to find much disease on the upper surface, and this specimen is not an exception to the rule. The membranes above are congested with here and there some opacity, but the main lesions are below. The brain substance is normal, not at all softened. This alone, would distinguish this specimen from the result of pure idiopathic meningitis. There the brain substance would be greatly altered, softened and inflamed. The lungs were tuberculous. The history of the case during life is unknown. The man was very low when he came into the wards and never rallied sufficiently to speak. He had several very bad bed-sores, but did not appear to be paralysed. It was evident that he was laboring under some chronic brain disease, but what particular le-

sion it was impossible to diagnose. There were tubercles in his lungs.

The next specimens were obtained from an autopsy on P. G. It was remarked, that this is the brain of the man who was before the last clinic suffering from mania-a-potu and inflammation of the lungs and bowels. The opinion was then expressed that if the man could in any way weather the pneumonia, he might get well. But he did not weather it. Delirium tremens forms a very, very grave complication of inflammation of the lung, and when as in this case, there exists in addition, an intestinal disorder, the chances of recovery are at their minimum. The treatment consisted chiefly in the administration of stimulants, opium, camphor, and expectorants, with cupping and counter irritation over the lungs. When an autopsy throws its light on a case, it is always proper to ask one's self, Do the pathological relations point to any treatment as more proper than the one pursued? In this case the answer is no! There is no inflammation of the brain, only great meningeal congestion, with here and there some very slight opacity of the membranes on the vault. It is a peculiar state of the brain which has been found in the three men who have lately died here with delirium tremens. It would seem as if there was some connection between the lesion and the disease. It may be asked, was not the congestion produced by the opium? Opposed to this is the fact that in the case which had this peculiar condition most strongly pronounced, we had not pushed opium or its salts at all. The lower lobe of the left lung is a very marked specimen of the result of pneumonia. It is truly hepatized, resembling remarkably the liver. It is passing from the second to the third stage. Its color is not red but grayish. It is very soft, readily tearing on the application of a very slight force. These are the signs of a breaking down of the lung tissue as well as of the lymph contained in the air cells. Students, and indeed very many practitioners err in supposing that the third stage is generally a true suppuration. The very great rarity of pulmonic abscesses shows that this is not true. The whole of the right and the upper lobe of the left lung are highly congested, but nowhere inflamed. The heart is not enlarged and is free from valvular disease, but it is very fatty, especially the walls of the right ventricle. This condition of the heart was of course very much against the recovery of the man. The liver has also undergone fatty degeneration. The spleen is very much enlarged and softened. This structural change in the liver and heart is very apt to occur in drunkards and forms a very important element in the prognosis of mania-a-potu.

Cases will occasionally occur in which all seems to be going on very well, and the patient may even have been pronounced as out of danger, when a terrible change may suddenly come over him. Several years ago, a man in this house had had delirium tremens very badly; from his delirium he had entirely convalesced and was talking to the nurse, when suddenly he became very weak, his pulse grew excessively feeble and his breathing oppressed. Notwithstanding the most liberal stimulation he rapidly sank, and in a few hours died comatose. Autopsy showed no lesion excepting a fatty heart. The loss of muscular tissue and the impairment of the remaining fibres had so weakened the organ that it suddenly gave out. It had not the power to propel the blood, so that the stagnant fluid no longer maintained the systemic life.

Hospital Nurses.

Medical Director W. S. King has directed the surgeons in charge of the army hospitals of this Department, in recommending applicants for contracts as nurses, to give the preference to soldiers who have been honorably discharged from the service, in all cases where they are in other respects equally suitable as the others making application.

Surgical Clinic of Prof. Gross.

Reported by *J. E. Owens*, M. D., Resident Surgeon.

Necrosis of the Clavicle.

Geo. McG., æt. forty-seven. You observe in this case a large scar, with some ulceration over and below the clavicle. This was at one time a large ulcer. It is of one year's standing. The clavicle being carious, it was cut down upon in December last, and the diseased portion scraped away, but the operation was not followed by any satisfactory result. We were, upon coming on duty, somewhat doubtful as to the diagnosis of the case. The disease was progressing; the morbid action seemed to be extending toward the subclavian vessels. Having this doubt of the nature of the case, the patient was put upon the specific mixture.

℞ Potas. iod., grs. x.
Hydrarg. bichlorid., gr. ½.
Syr. simplicis, f℥ss. M.
Sig., Three times daily.

This treatment, gentlemen, has developed the diagnosis of the case. It is syphilitic. There has been, under this treatment, a rapid improvement. The morbid action was at once arrested, and the ulcer has almost entirely healed. We must use some care in thus developing a diagnosis, lest we do harm with the remedy. If there be no improvement in a week or ten days, we may discontinue the use of the remedy. Sometimes we see our patients benefitted in a very few days; even in twenty-four hours I have seen a marked improvement in such cases, from the use of the abovementioned mixture. When ulcers are observed in different portions of the body, or in an unusual locality, the case is a suspicious one.

This man was discharged, March 18th, cured.

Anchylosis of Finger.

J—— S——, æt. forty-six. This man has had, for a long time, anchylosis of the phalanges of the ring finger of the left hand. The finger stands out in an uncomfortable and unseemly position, interfering with the motion of the other fingers. We propose to remove the finger at the junction with its metacarpal bone. We will use oval flaps. Such an operation should not be performed heedlessly, because it might be followed by tetanus, erysipelas, or pyæmia. This man has been a soldier; some months ago he was struck by a ball, upon the head, in front and a little to the left of the median line. There is a marked depression at the seat of the injury. He has, every day, either stupor or fits. The former lasts from an hour to an hour and a half. We have here, gentlemen, a portion of the bone depressed, with temporary congestion, causing, at one time, stupor, and at another, epilepsy. This then is a case for trephining, but there is great danger in this operation from inflammation of the brain and its membranes. Fearing this result, we will not resort to the operation. Chloroform is administered, as the patient refuses to submit to an operation without it. One drachm is poured upon the napkin, which is held half an inch from the nose. The prominent portion of the end of the metacarpal bone is removed, the flaps are brought together by means of the silver wire, and a carved splint, adapted to each finger, is applied, in order to prevent undue approximation. Use cold water dressings.

This patient was discharged March 20th. The wound healed by first intention.

Editorial Department.

Periscope.

FOREIGN.

REVIEW AND SUMMARY
Of
"Clinical Studies upon Repeated Evacuations of the Aqueous Humor in Diseases of the Eye."

Translated and Arranged
For the Medical and Surgical Reporter,
By A. Metz, M. D.,
Of Masillon, O.

(Continued from p. 75.)

XIV. Cataract.

We approach this part of our work with diffidence. This diffidence arises from noise just made about the pretended discovery of the radical cure of cataract by paracentesis, which discovery, in spite of all the restrictions its author had placed around its publication, has given place, to say the least, to premature interpretations. M. Sperino, after having observed, in six cases of cataract treated by repeated daily evacuations, that five had presented, in a short time, notable changes in the opacity and a sensible improvement of vision, announced this fact to the Editor of the *Gazetta Medica Italiana* on the 28th of October, 1861. This letter was reproduced by *l' Union Médicale* the 30th of November.

To this simple enunciation of a fact was limited the publicity the author had given. The press was not long in possessing itself of the knowledge, and soon it was pretended that M. Sperino cured all cases of cataract by ocular paracentesis.

The book of M. Sperino has just put a restraint on the intemperate hopes and on the critics, who, by the want of success of experimentalists whose zeal we cannot praise too much, suspected the operative method. The skilful Italian Ophthalmologist has taught how to limit these hopes to determined conditions, and has given the key to the failures experienced. Let us follow him in his researches.

A constant and very important fact, since it demonstrates that the formation of spontaneous cataract is always dependent on internal congestion, even after the complete formation of the opacity, is that a very small number of evacuations, ordinarily two or three, are sufficient for sensibly augmenting the perception of light. This relief is due to the diminution of retinal congestion; the dazzling flashes of light which are caused by this congestion are the first to disappear.

This first phase of phenomena due to the evacuations ordinarily last from ten to twenty hours. It is only later when the internal circulation has regulated itself, that the opacity of the lens begins to be modified, the eye has regained its natural, physiological brilliancy, and the presbyopia is diminished in a sensible manner.

The author believes that the formation of spontaneous cataract is dependent on the circulation, and that this can nearly always be recognized during the formative period. The lens in old persons can more frequently than any other age become opake and remain so without other change in its elements than in transparency; also, that these opacities may disappear, being only exaggerations of physiological opacity, but that they will only disappear when found under these conditions. A cataract not in the last degree of disorganization will be modified more or less according to the state of its primitive elements, whilst a cataract in the commencing stage will be cured. The histologic degree of transformation of each of the elements of the lens marks the limit of action of the evacuations in each kind of cataract. It is very rare that the evacuations do not arrest the evolution of cataract; they always manifestly retard it; transformations are always observed. If the opacity increases in spite of the evacuations, the cause is always found to be in the state of the general system, and in the return of symptoms or disorders in the circulation of the choroid. In traumatic cataract, if the lens is not broken, there never is transformation of elements, neither, consequently, return of transparency.

The elements of the opake lens resume their transparency only so far as they have not been destroyed and profoundly altered in their structure and histologic form. (p. 425.) These words supply the response to those who pretend that M. Sperino has announced that all cataracts are cured by ophthalmocentesis. They sensibly extend, we must confess, the catalogue of those who are condemned to remain refractory. But by what characteristics can those be recognized whose histologic elements have remained intact. The author does not tell us, and this is, in our opinion, a hiatus in his work, much to be regretted, otherwise so conscientiously elaborate.

It is true that certain indices can be found bearing on this point, in the cases he reports, and which follow the generalities we have just gone over; but we do not find the precise indications we desire. The author does not consider his researches perfected, and if he has limited himself in presenting to the public only clinical facts, it becomes his *confrères* to extend cheerful help in his researches which he so actively pursues, and which are yet far from their termination.

The abstract of his reported cases gives the following results: In thirty-eight cases of cataract of different kinds, he has obtained seventeen times a notable diminution of the opacity and proportionate improvement of vision by means of a number of evacuations varying from a dozen to twenty-five.

Twelve times complete, or nearly complete disappearance of the opacity and the restitution of normal sight by from fifteen to ninety-eight evacuations.

Nine times, no result, or hardly any amelioration.

The cases of the first category (diminution of cataract) are nearly exclusively confined to commencing cataracts, half hard or half soft, ordinarily incomplete.

Those of the second, (complete cures) to commencing cataracts, with symptoms of glaucoma or of choroiditis, more or less marked.

Those of the third, (unsuccessful) hard cataracts, matured.

It results from this abstract that, at first sight, the success of the evacuations has been in inverse ratio to the degree of advancement of the alteration which constitutes what is called "cataract."

The teachings of this work may be summed up as follows:

1. Paracentesis regulates the circulation of the eye, diminishes congestion and inflammation, whatever its form, seat, or intensity.

2. It is then indicated in all cases in which the constituent parts of this organ are the seat of morbid manifestations of this order.

3. Spontaneous opacities of the lens, being always dependent on disorders of the circulation, are advantageously modified by evacuations of the aqueous humor, in so far, always, as the histologic elements of the lens are not altered otherwise than in transparency.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JUNE 6, 1863.

THE BASIS OF SUCCESS IN MEDICAL JOURNALISM.

The past two years have witnessed sad havoc in the ranks of the periodical medical literature of the country. The mortality has been fully seven-tenths —certainly a very high rate. The fact proves the insufficiency of the foundation upon which much of this species of literature has rested. Some of it has lacked independent action, and all independent support. Both are indispensable to permanence and practical utility to the profession. Without the first named principle, the second can never be attained, and the latter can only be retained when once acquired, by a sedulous adherence to the first.

But this is not all. There are other considerations, apart from which, the probabilities of successful journalism are, to say the least, very small. First, there must be judgment exhibited in adapting the work to the general wants of the profession. Second, some claim to editorial ability, united with entire independence of character, is requisite. And third, our recent experience has demonstrated the fact that the great body of the profession insist upon frequent issues as a claim to their countenance and support.

A restless activity characterizes the spirit of the age in which we live. The incessant cry of the public is "Give, give!" and to meet it the newspaper editor has to issue many editions a day in excitable times like these. The physician partakes of the tastes and habits of the people in matters of daily interest, and is scarcely content without his daily newspaper at his morning or evening repast. So, in medical journalism. Since the adoption of the hebdomadal form by this journal in 1858, being the second successful attempt of the kind in this country, the taste of the profession has very emphatically endorsed the idea—which can scarcely be said to have been done before—and they will not be content with anything less frequent than weekly issues. Even the troublous times through which we are passing, have not served to prevent us from attaining a circulation more than double that ever attained by any quarterly or monthly journal hitherto published in this country. We have, in an editorial career of nearly thirteen years, to use a military phrase "felt the lines" of the profession in quarterly, monthly, semi-monthly and weekly issues, and *know* what their wants are, and have, after great labor and heavy sacrifices, attained a circulation for this journal that enables it in some degree to meet those wants. What still remains to be done, only awaits a further addition to our subscription list.

The profession are learning that if they wish to have good, practical periodical literature, they must concentrate their patronage, so as to provide the means to meet the heavy outlays incident to such an enterprise. Few have any idea of the immense outlays of cash necessary to pay the current expenses of issuing several thousand copies of a weekly journal like the Reporter, and a very large subscription list alone, could enable us to do so. The profession have it in their power to sustain by concentrated, earnest effort a periodical which seeks to serve them alone in an independent practical manner, and they certainly evince a determination to do so.

The above thoughts have been suggested by the fact, that within a short time, two or three of the best monthly medical journals in America have been compelled to suspend their issues, not from want of ability in their editorial management, or of value in their contents, but from other causes, which, in our view may be gathered from the preceding remarks. As the profession is directly interested in the maintainance of a practical and useful periodical medical literature, we have felt it to be our duty to place the above thoughts before them.

It is our earnest desire that this journal shall fully meet all the indications presented above. To do so, it must rest on a broad and sure pecuniary basis, founded on the direct support of the profession, and not on the surplus profits of some other business of which it is a representative and advertiser. As the Reporter aims to serve the profession, it looks to its supporters to extend its circulation, thus securing the means in the only true way of adding to its efficiency and usefulness.

THE "CANADA LANCET."

We have received several copies of this work. It is published monthly in Montreal, contains eight pages of the size of the Reporter, and is furnished at the low price of one dollar a year. Its contents are varied and interesting, and the editorials sprightly. William Edward Bowman, M. D., is the editor and proprietor.

There have been a dozen attempts in as many years, to establish a medical journal in Canada. When the *British American Journal* appeared, we did not doubt but the work was fully accomplished, as it was ably conducted, and its contents were more than ordinarily interesting and useful. But, if we are correctly informed, Dr. Hall, its able editor, was a loser by the enterprize. We trust that Dr. Bowman will be more successful, but we confess the prospect, judging by the past, is not very encouraging.

Perhaps our Canadian friends want a journal issued weekly. We have already a good foothold in the British provinces, and shall take some pains to secure communications from prominent physicians in that section, and it may be that we can meet the wants of medical brethren there.

Notes and Comments.

Diphtheria.

Dr. C. V. Moore, of Stillwater, N. J., writes: "Diphtheria has been prevailing again, the type sthenic. It yields pretty generally under the administration of the sulphate of zinc, in emetic doses repeated every twenty-four or thirty-six hours, in conjunction with chlorate of potash and tincture of the chloride of iron. Pustulation with croton oil to the neck seemed decidedly beneficial. I have met with several cases that recovered unexpectedly, even after the extension of the disease to the larynx, accompanied by croupy cough." Dr. Moore speaks highly of the beneficial effects of the zinc emetics in these cases.

An Organic Base without Oxygen.

M. Rieth has extracted an alkaloid from the bark of the *arariba rubra*, a Brazilian tree. This new alkaloid, which has received the name *aribine*, possesses the remarkable property of containing no oxygen, being the first instance of a solid, non-oxygenous, organic base in nature. The composition of aribine is expressed by the formula C46 H20 N.—*Rep. de Pharm.*

Correspondence.

DOMESTIC.

RUPTURE OF THE HEART,

Unattended with any organic change in the parts involved.

Dec. 18th, 1862. Was called this morning, at 4 A. M., to visit —— a seaman attached to the U. S. Steamer "Galena," who had been found lying dead in his hammock. On going forward I found the patient lying quietly in his hammock, as if asleep. His position and the expression of his face was perfectly natural. Extremities still warm. On careful examination it became evident that life had been extinct but a few minutes, and that death had occurred suddenly with scarcely a struggle.

At 2 A. M. this morning he awakened one of his mess-mates and asked for a piece of tobacco, and at that time seemed as well as usual. At 4 A. M. the Quartermaster on endeavoring to awaken him to relieve the watch on deck, found him dead. The patient has never complained of any illness since he has been attached to the vessel. About a week before his death he consulted me on account of a slight "uneasiness" about the precordial region. A little tinct. lavand. comp. with spts. æther. comp. entirely relieved the difficulty in the course of a day or two. All the circumstances connected with the death having been ascertained, the body was removed aft, for the purpose of making a post-mortem examination, as soon as practicable. At 10 A. M. the autopsy was commenced. Present—Surgeon Marius Duvall of the U. S. Steamer "New Ironsides," and Lieut.-Commander Paulding, commanding U. S. Steamer "Galena."

Rigor mortis slight. External temperature 32.0 Body still warm about the chest. External jugulars prominent. No marks or bruises, or any indications of violence present.

On opening the thorax, the pericardium was found to be greatly distended. A slight incision revealed the presence of a large clot of coagulated blood. The incision was then prolonged, great care being taken to avoid the neighborhood of the large vessels, by cutting in a line parallel with the septum, using the finger as a director.

The incision being sufficiently prolonged, it was found that the clot completely surrounded the heart. The entire mass of coagulated blood was then carefully removed by means of the fingers, and weighed. Weight, nineteen ounces. After the removal of the clot, the heart was found to be nearly of the natural size, but possessing a remarkably shrivelled and blanched appearance, more especially noticeable around the apex, where the compression had been greatest.

The parts of the clot which had lain in contact with the heart presented an exact impression of the shrivelled and corded apex. The cavity of the pericardium was then carefully sponged out, but it was

speedily refilled with dark venous blood. The heart and lungs were then removed "en masse" and the cause of the hemorrhage carefully sought for.

Upon careful examination, a *rupture about one-fourth of an inch in length, was discovered upon the anterior aspect of the left auricle*, parallel with the transverse apex of the heart. The rupture was situated about midway between the entrance of the pulmonary veins and the junction of the auricle with the ventricle. The shape of the rupture is regular, not lacerated, the edges resembling those of an incised wound. On the inner surface of the auricle there is a very slight erosion around the edges of the rupture. All the valves are normal. The heart contained no fibrous clots. There is no evidence of atheroma or ulceration anywhere. The pericardium was healthy. The heart presents no evidence of previous disease.

No other organs were examined.

Prominent among the causes which predispose to this lesion, as given by STOKES, we find abscesses on the cardiac walls, apoplectic effusions into the substance of the heart, muscular aneurism, and fatty degeneration.

A most rigid scrutiny of the appearances in the case detailed, failed to detect the slightest evidence of any of these. The patient died totally regardless of all pathological laws, as we at present understand them. Neither his previous history nor the appearances after death, throw any clear light upon the cause of the lesion.

The evidence obtainable from his previous history is almost entirely negative. Up to the period of his death, his health had been unusually good, and his duties, which were of a nature requiring frequent violent exertion, were always performed with cheerfulness and alacrity. So far as I can learn he has never suffered from any of those diseases which generally predispose the heart to organic derangement. The lesion can only be ascribed to a weakness of the muscular fibre framing the walls of the auricle, and the case must be included in that rare class where rupture of the muscular portion occurs, not preceded by any preceptible organic change in the part involved.

R. E. VAN GIESON, M. D.

Newark, N. J., June, 1863.

FRACTURE OF THE TIBIA AND FIBULA,

Successfully Treated.

On the 3d of May, 1862, John D. W., Engineer U. S. N., æt 26, of good constitution, was ashore on duty. A weight fell on the inner side of the right leg, about eight inches below the knee, causing a simple transverse fracture of the inferior extremity of the tibia, two inches above the malleolus internus; also, a fracture of the superior extremity of the fibula, three inches from the head, in an oblique direction from without, downward and inward. The fractures were not accompanied by any wounds, although at the lower injury there was considerable tumefaction and discoloration of the integuments.

The patient took several steps previous to being conveyed on board, which caused considerable swelling at the ankle-joint, and rendered it almost impossible to detect crepitus and mobility of the parts. After being placed in his berth, the limb was laid upon a soft pillow, and the whole placed in a fracture-box prepared for the occasion; a foot piece was attached to the bottom slat, and the sides were on hinges, in order that the limb might be loosely confined, to allow of cold irrigation being employed. To effect this a skein of cotton, well wetted, was hung over the edge of a wide-mouthed bottle of ice-water, one end reaching into the water and the other pendent outside; this, acting as a syphon, caused a continual dripping on the part. After administering pulv. ipecac. et opii., gr. xv., the patient was allowed to rest for the night. He suffered severely from muscular contractions; at times the limb being bent nearly at right angles, at the seat of the lower fracture.

Early on the next morning, mild saline purgatives were given to relieve the bowels and reduce the inflammatory state of the limb. The antiphlogistic treatment was continued for twelve days, until the inflammation and part of the swelling had disappeared.

On the thirteenth day from the date of the injury the fractures were reduced, and the necessary splints and bandages applied; and no difficulty was experienced in procuring firm union, and a sound limb at the expiration of ten weeks' time. Although considerable stiffness and immobility at the ankle-joint remained for some time, this gradually disappeared under the use of tinct. iodine, friction, and cold water.

L. TRAVER, M. D., U. S. N.

U. S. Steamer Delaware.

CÆSAREAN OPERATION.

Recovery.

On the 21st of April, 1861, I was summoned to attend Mrs. A., æt. 39. On inquiry I learned that she was married at the age of fifteen years, and was then pregnant with her eighteenth child. The full time of gestation had expired, and preparations had been in readiness for her confinement more than a month; but no labor-pains came on, and the patient was extremely weak and fainting. I applied my stethoscope to the abdomen, and introduced a catheter into the womb, with little or no pain, when a dark, muddy-looking liquid flowed from her, too offensive to endure, furnishing some evidence of the death of the child. I

told my patient the child was not living, and her chance for life was very doubtful; not one in a hundred; she begged of me to give her that chance. I immediately prepared for the operation. On April 22d, with the aid of Dr. L. Traver and Mr. F. H. Dodge, I performed the operation, Mr. Dodge administering the chloroform.

An incision was made twelve inches in length, elliptical, commencing about six inches above, and to the right of the umbilicus, near the linea alba, curving slightly, and ending near the symphysis pubis. Opening the cavity of the abdomen, I found a full-grown male child, weighing eight and one half pounds, well developed, thick head of hair, and well-formed finger nails, *dead*, lying with the head down, and in apposition with the walls of the abdomen, the womb having ruptured, and let the child through among the intestines. The cavity of the abdomen was filled with a large quantity of very offensive fluid, the omentum being entirely wanting, and the umbilical cord very much withered. The inner walls of the abdomen presented that livid red appearance so characteristic in gangrenous inflammation. The patient was a good subject for chloroform, remaining unconscious during the operation.

After the operation Mrs. A. sank rapidly, pulse failing so as not to be counted. I administered frequent drafts of brandy and water, sustaining her on the stimulant principle for thirty-six hours, when the pulse again became perceptible, and all the symptoms more favorable. In two months after the operation the patient sat up, and is now well and taking full charge of her family.

Solutions of arsenic and gentle tonics were the only means employed in the treatment of this case. I visited Mrs. A. May 2d, 1863, and found her enjoying good health, with the exception of the non-appearance of the menses.

Charles L. Spencer, M. D.

New Bedford, Mass., May 7, 1863.

Army and Navy News.

Field Hospital of the Army of the Potomac.

The following description of the Field Hospital of the Army of the Potomac, is from the correspondence of the Daily *Inquirer*, of this city.

Believing that the mentioning in detail the manner in which are organized the field hospitals among us would not be uninteresting to the "friends at home," we purpose to give as accurate a description of one of them as can well be done on paper, taking, as our model, that belonging to the First Division, Third Corps, for the reason that the Inspector-General, in his report to general head-quarters, denominates it as the *best* in the army.

The location is upon a side hill, completely sheltered from the north and east winds, while to the south and west lies a plateau covered by thick woods, and through which runs the Potomac Creek.

The immense number of tents which go to make up this camp, are all of the largest hospital size, all new, and consequently neat and clean. These tents are divided into sixteen wards, three to a ward. These are sub-divided; one appropriated to sick and another to wounded officers, three to sick and ten to the use of wounded non-commissioned officers and privates; while yet another, remote from the other half a mile or more, is known as the "pest ward," where are placed all who may be infected with contagious diseases.

In addition to these there are many other tents, used respectively as a dispensary, one by the matron, a ward room, a cook house for the sick, two for the same purpose for the wounded, one used as an office, and in addition to all these are a number of A, or wedge tents, known as the convalescent camp, and in which may be comfortably accommodated some five hundred patients.

The whole have been tastily laid out, with wide and spacious avenues between, the *tout ensemble* presenting an air of comfort and cleanliness pleasing to contemplate.

The Dispensary is under the charge of Assistant Surgeon Humphreys, who has the dispensing of the medicines.

The Ward-room is an institution deserving of something more than a passing notice. It is to this room the patient, upon his arrival, is first taken, stripped of his apparel, then carefully washed, attired in new and clean clothing, and from there sent to the ward where he is to be located.

All his personal effects, such as blanket, knapsack, arms and accoutrements, as well as the clothes he has doffed, are labeled and stored carefully away in this same ward room. If he recovers, returns to his regiment, or is discharged, then all are returned to him; while if he should die, they are delivered to such as may call for them, upon the presenting of a certificate signed by the deceased one's Captain, that they are the proper parties to receive them.

The tent known as the Matron's contains a large-sized cooking-stove. Here all the nicer delicacies, milk-punch, farina and corn-starch pudding, and such like "home-reminders," are prepared for use by the sick, under the supervision of that noble-hearted lady, Mrs. McKay.

To each ward four nurses are appointed, while each surgeon has the charge of two of the wards.

There are some twelve persons in all who are assigned to duty as cooks, their special province being to see that all articles are well prepared and properly distributed. These latter, as well as the nurses and those selected to do *police* duty, are all taken from the convalescent camp. By doing "police duty" is meant that they are to keep the camp and its surroundings clean and in perfect order.

A Commissary is also assigned to duty here; from him all the sick and wounded draw their rations, which are taken in bulk to the kitchens, there cooked, and from thence distributed. Regular meal calls are here instituted—breakfast at seven, dinner at twelve and supper at seven.

This whole mammoth establishment is under the immediate supervision of Assistant Surgeon George Lutz, of Union county, Pa. A better man for the position cannot be found, he being daily in receipt of the highest encomiums of his superiors, and hourly in receipt of the hearty thanks of the disabled. Surgeon J. W. Lyman is the Medical Director of the Division, and is ably assisted in his arduous labors by Assistant Surgeons McIlvain, of the Sixty-eighth Pennsylvania Regiment, Dennison, of the One-hundred-and-forty-first, Vaughan, of the One-hundred-and-fifth, Watson, of the Third Maine, Norris, of the Seventeenth Maine, and Robinson, of the Thirty-eighth New York.

The aggregate number of patients in the Hospital is as follows:

Sick in Hospital,	99
" " Quarters,	113
Total sick	212
Wounded in Hospital	262
" " Quarters	474
Total wounded	736

It is gratifying to state that all, both sick and wounded, are rapidly recovering. The proportion of deaths will be small when compared with the immense number of patients now in confinement.

Assignments.

Dr. HARLAN, of the 10th Pennsylvania, has been assigned as Acting Medical Director at Suffolk.

Surgeon B. A. CLEMENTS has been assigned to duty as Assistant Medical Director; Surgeon J. H. TAYLOR, as Medical Inspector and Assistant Surgeon; WARREN WEBSTER, as Medical Inspector.

News and Miscellany.

National Academy of Sciences.

The first meeting of this Association was held on the 22d of April, in the Chapel of the University of the City of New York, the proceedings of which, have only recently been given to the public. Hon. HENRY WILSON, of Massachusetts, to whose exertion the passage of the act of incorporation is mainly due, called the meeting to order in a brief address, the main points of which were as follows:

GENTLEMEN: I hold in my hand the Act, passed in the closing hours of the Thirty-seventh Congress, "To Incorporate the National Academy of Sciences." This Act, under which you have met to organize, incorporates in America, and for America, a National Institution, whose objects, ranging over the illimitable fields of Science, are limited only by the wondrous capacities of the human intellect. Such an institution has been for years in the thought and on the tongue of the devotees of science, but its attainment seemed far in the future. Now it is an achieved fact. Our country has spoken it into being in this "dark and troubled night" of its history, and commissioned you, gentlemen, to mould and fashion its organization, to infuse into it that vital and animated spirit that shall win in the boundless domains of science, the glittering prizes of achievement that will gleam forever on the brow of the nation.

This Act of incorporation may not be—is not—perfect. The task has been one of difficulty and delicacy. The number of members must be limited, while the most eminent men of science must be recognized, and sectional claims harmonized. If unintentional injustice has been done to any one, if mistakes have been made, time will, I trust, correct the injustice and the mistakes. Changes will surely come. "Death is in the word," and this original list of honored names will not remain long unbroken. If men of merit have been forgotten in this Act of incorporation, the Academy should seize the first and every occasion to right the seeming wrong.

This Academy is destined, I trust, to live as long as the Republic shall endure, and bear upon its rolls the names of the *savans* of coming generations. Let it then advance high its standard. Let it be as inflexible as justice, and as uncompromising as truth. Let it speak with the authority of knowledge, that pretension may sink abashed before it, and merit everywhere turn to it, confident of recognition.

Prof. JOSEPH HENRY, of Washington, was then elected Chairman *pro tem.*, and Prof. CASWELL, of Providence, Secretary. The following resolution was then passed unanimously:

Resolved, That the Academy accept the act of Incorporation, and hereby declares its intention of entering with earnestness and devotion upon the high course marked out for it by Congress.

Another resolution thanking Mr. WILSON for his action in the Senate in behalf the Academy was then passed.

A Committee of Nine was then appointed to draft and report a plan of organization. The organization finally adopted is, in its main features, as follows:

1. The class of Mathematics and Physics.
2. The class of Natural History.

The corporate members elect under which of these two classes, and in which section of that class, they will inscribe their names. The classes are subdivided thus:

A. CLASS OF MATHEMATICS AND PHYSICS.—Sections 1. Mathematics: 2. Physics: 3. Astronomy, Geography and Goedesy: 4. Mechanics: 5. Chemistry.

B. CLASS OF NATURAL HISTORY.—Sections 1. Mineralogy and Geology: 2. Zoology: 3. Anatomy and Physiology: 5. Ethnology.

While each member chooses his own position, he may also be elected an honorary member of any section by the members thereof, and the Academy retains the power of transferring a member from one section to another.

There may be fifty foreign associates who take no part in the business of the Academy, but have the privilege of attending its sessions, reading and communicating papers, and of receiving a copy of the publications of the Academy.

The officers of the Academy are a President, a Vice-President, a Foreign Secretary, a Home Secretary, and a Treasurer, all of whom are elected for a term of six years.

There is also a Chairman and Secretary to each class, elected annually at each January meeting. The officers of the Academy, and Chairman of the classes, together with four members to be annually elected by the Academy, constitute a Council for the transaction of such business as is assigned to them by law or by the Academy.

The powers of the President (or, in case of his absence or disability, the Vice President,) are to preside at the meetings of the Academy, name (unless otherwise provided by law) Committees of members, referring business, experimental inquiries, investigations or preliminary inquiries required by the Government of the United States or its branches, to members specially conversant with the subject; and, with the Council, to direct the general business of the Academy. The duties of the other officers present nothing beyond what is usual in all similar organizations.

The Academy holds two stated meetings in each year—one in January and one in August. The January meeting is to be held always in Washington, on the 3d day of January, (or, when that day is a Sunday, on the 4th;) but the August meeting will be held at such place as the Academy at any previous meeting designate, and on the 3d Wednesday of the month. The scientific meetings of the Academy are to be open or public, the business meetings closed. Communications by persons not members of the Academy are to be presented and read by a member, who makes himself responsible only for the general propriety of the paper, and not for opinions expressed by the author.

Propositions for researches, experiments, observations, investigations or reports, shall originate with the classes to which the subjects are appropriate

and then be submitted to the Academy for discussion and approval or rejection, excepting propositions from the Government of the United States, or any of its branches, which shall be acted upon by the President, who will, in all such cases, report, if necessary, at once to the Government, and also to the Academy at the next stated meeting. The judgment of the Academy is to be at all times at the disposition of the Government upon any matter of science or art within the limits of the subjects embraced by it. The President of the Academy is competent, in special cases, to call in the aid, upon committees, of experts, or men of remarkable attainments not members of the Academy.

The annual report to be presented to both Houses of Congress is to be prepared by the President of the Academy, and before its presentation is to be submitted, first to the Council, and then to the Academy at the January meeting. The abstract of a memoir may be sent by any member to the Home Secretary, to be printed and circulated among the members during the recess of the Academy.

These are the most important features of the organic law of the National Academy of Science. An election was held under the rules, when the following officers were chosen almost unanimously:

President—Alexander Dallas Bache, Washington, D. C.

Vice-President—James D. Dana, New Haven, Conn.

Foreign Secretary—Louis Agassiz, Cambridge, Mass.

Home Secretary—Wolcott Gibbs, New York.

Treasurer—Fairman Rogers, Philadelphia, Pa.

OFFICERS OF THE CLASSES.

Class A, Mathematics and Physics—Chairman, B. Pierce, Cambridge, Mass.; Secretary, B. A. Gould, Cambridge, Mass.

Class B, Natural History—Chairman, B. Silliman, New Haven, Conn.; Secretary, J. S. Newberry, Ohio.

Representatives in Council—Admiral, C. H. Davis, Lewis M. Rutherford, Dr. John Torrey, Prof. J. P. Lesley.

After the completion the organization, each member present, agreeably to the requirements of the organic law, took the oath of allegiance prescribed by the Senate of the United States for its own members, and in addition thereto, took an oath faithfully to discharge the duties of a member of the National Academy of Sciences, to the best of his ability.

The President then read a letter from the Secretary of the Treasury, asking the Academy to prepare a report upon the subject of Weights, Measures and Coinage, both domestic and international. A resolution of thanks to Chancellor Ferris, for the use of the rooms in the University Building, was passed unanimously, and the Academy adjourned to meet in the City of Washington on the 3d of January, 1864.

THE ACT OF INCORPORATION.

The act of Incorporation is as follows:

The following is a copy of the bill passed by the last Congress to incorporate the National Academy of Sciences:

Be it enacted by the Senate and House of Representatives of the United States of America, in Congress assembled, That Louis Agassiz, Massachusetts; J. H. Alexander, Maryland; S. Alexander, New Jersey; A. D. Bache, at large; F. A. B. Barnard, at large; J. G. Barnard, U. S. Army, Massachusetts; W. H. C. Bartlett, U. S. Military Academy, Missouri; U. A. Boyden, Massachusetts; Alexis Caswell, Rhode Island; Wm. Chauvenet, Missouri; J. H. C. Coffin, U. S. Naval Academy, Maine; J. A. Dahlgren, U. S. Navy, Pennsylvania; J. D. Dana, Connecticut; Charles H. Davis, U. S. Navy, Massachusetts; Geo. Engleman, St. Louis, Mo.; J. F. Frazer, Pennsylvania; Wolcott Gibbs New York; J. M. Gillis, U. S. Naval Observatory, Kentucky; A. A. Gould, Massachusetts; B. A. Gould, Massachusetts; Asa Gray, Massachsetts; A. Guoyot, New Jersey; James Hall, New York; Joseph Henry, at large; J. E. Hilgard, at large, Illinois; Edward Hitchcock, Massachusetts; J. S. Hubbard, United States Naval Observatory, Connecticut; A. A. Humphreys, United States Army, Pennsylvania; J. L. Le Conte, United States Army, Pennsylvania; J. Leidy, Pennsylvania; J. P. Lesley, Pennsylvania; M. F. Longstreth, Pennsylvania; D. H. Mahan, U. S. Military Academy, Virginia; J. S. Newberry, Ohio; H. A. Newton, Connecticut; Benjamin Pierce, Massachusetts; John Rodgers, U. S. Navy, Indiana; Fairman Rogers, Pennsylvania; R. E. Rogers, Pennsylvania; W. B. Rogers, Massachusetts; L. M. Rutherford, New York; Joseph Saxton, at large; Benjamin Silliman, Connecticut; Benjamin Silliman, Jr., Connecticut; Theodore Strong, New Jersey; John Torrey, New York; J. G. Totten, U. S. Army, Connecticut; Joseph Winlock, U. S. Nautical Almanac, Kentucky; Jeffries Wyman, Massachusetts; J. D. Whitney, California, their associates and successors, duly chosen, are hereby incorporated, constituted and declared to be a body corporate, by the name of the "National Academy of Sciences."

Sec. 2. *And be it further enacted*, That the National Academy of Sciences shall consist of not more than fifty ordinary members, and the said corporation, hereby constituted, shall have power to make its own organization, including its Constitution and by-laws and rules and regulations; to fill all vacancies created by death, resignation or otherwise; to provide for the election of foreign and domestic members, the division into classes, and all other matters needful or usual in such institutions, and to report the same to Congress.

Sec. 3. *And be it further enacted*, That the National Academy of Sciences shall hold an annual meeting at such place in the United States as may be designated, and the Academy shall, whenever called upon by any department of the Government, investigate, examine, experiment, and report upon any subject of science or art, the actual expense of such investigations, examinations, experiments and reports to be paid from apropriations which may be made for the purpose, but the Academy shall receive no compensation for any services to the Government of the United States."

American Medical Association.

Just as we are going to press, a dispatch from Chicago says:

The American Medical Association held their annual meeting here yesterday. The following officers were elected: President, Alden March, of New York; Vice Presidents, J. Couper, of Delaware; D. Prince, of Illinois; C. C. Coxe, of Maryland; and E. S. Cann, of Wisconsin.

The prize medal was awarded to Sam'l R. Percy, of New York, for a prize essay.

A committee of five was appointed to memorialize Congress relative to the rank of surgeons in the army.

A motion to protest against the recent order of the Surgeon-General prohibiting the use of mercury and antimony in the army was referred to a committee.

We expect to publish a full report of the proceedings, as soon as received.

Statistics of the Globe.

The following curious facts are stated by the *Abeille Medicale*:—The earth is inhabited by about 1,288,000,000 of inhabitants, viz: 369,000,000 of the Caucasian race, 552,000,000 of the Mongolian race, 196,000,000 of the American Indians, and 200,000,000 of the Malay races. All these respectively speak 3064 languages, and profess 1000 different religions. The

amount of deaths per annum is 333,333,333, or 91,954 per day, 3730 per hour, 60 per minute, or 1 per second; so that at every pulsation of our hearts, a human being dies. This loss is compensated by an equal number of births. The average duration of life throughout the globe is 33 years. One-fourth of this population dies before the seventh year, and one-half before the seventeenth. Out of 10,000 persons only one reaches his hundredth year, only one in 500 his eightieth, and one in 100 his sixty-fifth. Married people live longer than unmarried ones, and a tall man is likely to live longer than a short one. Until the fiftieth year women have a better chance of life than men, but beyond that period the chances are equal. Sixty-five persons out of one thousand marry. The months of June and December are those in which marriages are most frequent. Children born in the spring are generally stronger than those born in other seasons. Births and deaths chiefly occur at night. The number of men able to bear arms is but an eighth of the population. The nature of the profession exercises a great influence on longevity; thus out of 100 of each of the following professions the number of those who attain their seventieth year is—among clergymen, 42; agriculturalists, 40; trades and manufacturers, 33; soldiers, 32; clerks, 32; lawyers, 29; artists, 28; professors, 27; physicians, 24; so that those who study the art of prolonging the lives of others are most liable to die early, probably on account of the effluvia to which they are constantly exposed. There are in the world 335,000,000 of Christians, 5,000,000 of Jews, 600,000,000 professing some of the Asiatic religions, 160,000,000 of Mahometans, and 200,000,000 of Pagans. Of the Christians 170,000,000 profess the Roman Catholic, 76,000,000 the Greek, and 80,000,000 the Protestant creeds.—*Boston Medical Journal.*

Taken Prisoner.

Dr. HAND, Medical Director of Gen. PECK's army, at Suffolk, Va., was taken prisoner by the rebels about the 17th ult.

Medical Men in Canada.

The number of medical men in the City of Montreal, is seventy-six, not including the twenty army surgeons. In Toronto, sixty-three; in Ottawa City, twenty; and in Kingston, nineteen.—*Canada Lancet.*

Dr. Edward A. Pierson.

At a special meeting of the District Medical Society for the County of Essex, N. J., held at the house of Dr. J. HENRY CLARK, in Newark, June 1st, Dr. L. A. SMITH was called to the chair. A committee composed of J. HENRY CLARK, J. F. WARD, and STEPHEN WEEKS, were appointed to prepare resolutions. Dr. WARD read a very interesting letter from Dr. WEEKS, U. S. N., and Dr. WM. GAINS BRUCE, Surgeon of the U. S. Steamer Niphon, who attended Dr. PIERSON in his last hours. The letters contained the particulars of his death, and also a very high eulogium upon the professional and social characteristics of the deceased. The following resolutions were reported by the committee and adopted:

Resolved, That we are greatly grieved by the unexpected announcement of the death of our brother Dr. EDWARD A. PIERSON.

— That we cherish the memory of him who is the first martyr from our ranks to the cause of the salvation of our imperilled country.

— That we express our sincere gratitude to that kind Providence which has protected the many from our society who have gone out to share the privation and mitigate the suffering of the brave men who are fighting the battles for the Union.

— That we congratulate ourselves, and all who loved or respected our deceased brother, that he died at the post of duty, in his place, and while in the very act of preparation to care for those who might be exposed to similar casualties.

— That in view of the kind spirit of our deceased brother, and of his ample preparation for advance in his profession, and the many evidences that he was fully occupying a position of honor and usefulness, we deplore his loss to his country, as well as to ourselves; however, our grief is mitigated by the recollection of the patriotic language of Dr. WARREN, the great physician and patriot, and the distinguished martyr of Bunker Hill, as he was leaving his home to take command of the troops, on that occasion. *Dulce et decorum est pro patria mori.*

— That our warmest sympathies are extended to the mother and sisters of the deceased, of whom we beg permission to join in the mournful occasion in the last act of courtesy and kindness.

— That we will attend the funeral of our deceased friend on Wednesday, and will wear the usual badge of mourning for thirty days.

— That the Secretary be requested to communicate to the family of the late Dr. PIERSON a copy of the foregoing resolutions, and to secure their publication.

A committee was appointed as pall-bearers.

BETHEL DODD,
Secretary.

ANSWERS TO CORRESPONDENTS.

DR O. L., PENNSYLVANIA.—We will procure you the works you desire at the following prices:—Reeves' Enteric Fever, $1; Richardson's Human Anatomy, $3.25; Dalton's Physiology, $4 50; Bedford on Women and Children, $3.50; Cazeau's Midwifery, $4; Wood's Materia Medica and Therapeutics, $7; Maclise's Surgery, $11. A skeleton can be had for about $25.

DR. W. H., PENNSYLVANIA.—For a superior quality of braces we refer you to Needles, of this city, whose advertisement you will find on another page.

DR. W. H S., OHIO.—The price of Gross' Surgery is $12.

DR. S. C. F., OHIO.—The price of the New American Cyclopædia in cloth is $3.50 per vol.; in leather (library style), $4. There are *sixteen volumes*. The American Annual Cyclopædia is published at the same price per volume.

DR. D. C. G., PENNSYLVANIA.—The treatment of spinal affections has been fully discussed in the lectures of Dr. LOUIS BAUER of Brooklyn, in the pages of the REPORTER during the past two years. These lectures will soon be issued in a separate volume.

DR. E. A. B., OHIO.—We can send you a neat, compact pocket case, such as you desire, with eighteen to twenty instruments, for $18.

Conservatism in surgery, like everything else, is a very good thing if it is not *too much like Lot's wife*. You remember where her "conservatism" left her! Send us something practical on the subject for publication.

☞ *Correspondents will please notice our reiterated request to give their full address in their communications to us. Our correspondence is very extensive, and it is necessary for us always to know the Town, County and* STATE *from whence their letters are sent.*

MARRIED.

BAYLES—JOHNSON.—On Wednesday, May 20. at Calvary by Rev. A. Cleveland Coxe, D.D., Dr. George Bayles, U. S. A., and Catharine S., daughter of Stephen Johnson, Esq., of New York.

BELLOWS—SCHOBER.—On the 21st ult., by the Rev. T. J. Shepherd, Horace M. Bellows, M.D., and Kate, eldest daughter of George Schober, of this city.

CASWELL—PURDY.—In Myrtle Lawn, near Bronxville, N.Y., on Tuesday, May 12, by Rev. Mr. Aldrich, of Mt. Vernon, Walter Caswell, M.D., of the 101st O. V. I., and Emma Purdy, adopted daughter of Moses Odell, Esq., of the former place.

COMBS—WALSH.—In Washington, D. C., on the 13th ult., at St. Peter's Church, by Rev. F. E. Boyle, Dr. William Herbert Combs and Miss Kate Walsh, both of that city.

EDGAR—FERGUSON.—In Pittsburgh, May 7th, by Rev. David McKinney, D.D., John Edgar, M.D., and Miss Amanda J. Ferguson, all of Allegheny county, Pa.

FORWOOD—BOND.—On May 6, 1863, at St. Paul's Church, Cheltenham, near Philadelphia, by the Rev. Mr. Parvin, Wm.

Stump Forwood, M.D., of Harford county, M.D., and Miss Addie Bond, of Cheltenham, formerly of Kentucky.

HARTSHORNE—TAYLOR.—On Monday, May 20, at the residence of the bride's father, Middletown, N. J., by Rev. A. C. Millspaugh, Mr. James M. Hartshorne, of New York, and Miss Sarah L. Taylor, youngest daughter of Edward Taylor, M.D.

INGALLS—NEVINS.—At Bedford, N. H., April 3d, 1863, Dr. Lucien Ingalls, of Andover, Me., and Miss H. T. Nevins, of Bedford.

PORTER—COOK.—At Hackettstown, on Thursday, May 14th, by Rev. J. Lyman Morton, of Pittsfield, N. H., Jas. M. Porter, Jr., of Easton, Pa., and Ruth P., daughter of Silas C. Cook, M.D., of Hackettstown, N. J.

SMITH — SEVERANCE. SEVERANCE — WILSON.— In Leydon, Mass, at the bride's father's, on Wednesday, May 27, by Rev. Dr. Chandler, H. O. Smith and Miss Helen M. Severance. Also, by the same, on Wednesday, May 14, 1863, Dr. Charles Earl Severance, formerly of Staten Island, N. Y., and Miss Helen M., daughter of Dr. Milo Wilson, all of Shelburne Falls, Mass.

TODD—HOUGHTON.—In Princeton, Ill., on Tuesday, May 12, by Rev. W. C. Willing, William H. Todd, M.D., of St. Stephens, N. B., and Hattie T., youngest daughter of Joseph Houghton, Esq., formerly of New York

TUCKER—HAVEMEYER.—In New York, on Friday evening, May 29, by Rev. Horace L. E. Pratt, Rector of St. Mary's Church, Castleton, S. I., Dr. Joseph C. Tucker, of San Francisco, Cal., and Miss Minnie E., daughter of Albert Havemeyer, Esq., of New York.

WRIGHT—TURPIN.—In Centreville, Md., April 29, by Rev. J. J. Murray, J. Spencer Wright and Miss Annie W. R. Turpin, daughter of Dr. Walter Turpin.

DIED.

CADY.—In this city, on the 25th ult., after an illness of five days, Annie W. Cady, daughter of Benjamin and Mary A. Welch, in the 32d year of her age.

CARTWRIGHT.—Near Jackson, Miss., May 2d, 1863, Samuel A. Cartwright, M.D., aged 72. Dr. Cartwright's name has long been familiar to the profession as a contributor to the medical journals. He made some original and interesting physiological investigations by vivisections of alligators, which, however, do not seem as yet to have made much impression on the scientific world. His contributions to the medical journals were chiefly on the Sugar House cure of Consumption, and on certain diseases peculiar to the negro race, and questions concerning his status.

COXE.—In this city, on the 11th inst., John Redman Coxe, Jr., aged 65 years. Dr. Coxe was a son of Dr. John Redman Coxe, formerly Professor of Materia Medica in the University of Penn'a, now living in this city at an advanced age.

D'ARCEY.—At Jerseyville, Ill., on the 25th inst., of congestion of the lungs, Dr. Edward A. D'Arcey, aged 67 years.

DICK.—On the 4th inst., at 11 P. M., Emma B. Dick, aged 21 years, daughter of A. Barned, Esq., wife of George H. Dick, M.D.

HOLMES.—In Cranberry, N. J., May 5th, Dr. Curtis R. Holmes, aged 39 years.

MILLER.—At Fireplace, Suffolk county, Long Island, on Thursday morning, May 7, Dr. Nathaniel Miller, aged 79 years.

MYRICK.—In Augusta, Me., May 8, Dr. Lot Myrick, æt. 72 years.

NELSON.—Near Walkersville, Frederick county, Md., April 28, Robert W. Nelson, M.D., aged 43 years, of hypertrophy of the heart.

NICHOLS.—In Kingston, Mass., on Friday, May 1, at the residence of his father, Paul L. Nichols, M.D., Martin L. Nichols, late of this city.

PIERSON.—On May 12th, on the U. S. gunboat Penobscot, off Wilmington, N. C., Dr. Edward A. Pierson, Assistant Surgeon U. S. Navy, aged 27 years.

REED.—In Washington City, May 5th, David Boswell Reed, M.D. Dr. Reed was a distinguished sanitarian. He superintended the ventilation of the new Houses of Parliament in London, and St. George's Hall, Liverpool, which latter is the only building in which his principles of ventilation were fully carried out. Several years since he published a small work entitled "Ventilation of American Dwellings," which is well worthy the attention of the profession. At the time of his death he was an Inspector in the service of the U. S. Sanitary Commission, devoting his special attention to hospital ventilation.

SCHWENK.—On the 24th ult., at Schwenksville, Pa., Dr. Samuel G. Schwenk, in the 34th year of his age.

STEPHENSON.—In New York, on Sunday, May 17, Frank B., son of Dr. M. Stephenson, aged 9 years.

WADE.—In Brooklyn, on Monday morning, May 11, Clara G., wife of T. A. Wade, M.D., aged 42 years.

METEOROLOGY.

May	25,	26,	27,	28,	29,	30,	31.
Wind	E.	S. E.	E.	E.	S. E.	S. E.	S.
Weather	Cloudy.	Cloudy.	Clear.	Clear.	Clear.	Clear. Shower.	Cloudy.
Depth Rain							
Thermometer							
Minimum	44°	46°	45°	51°	55°	58°	61°
At 8 A. M.	54	53	62	67	70	71	74
At 12 M.	61	62	74	77	76	80	81
At 3 P. M.	61	63	76	79	77	79	79
Mean	58.6	59.3	70.6	74.3	24.3	76.6	78
Barometer.							
At 12 M.	30.2	30.2	30 2	30.2	30.1	29.5	29.5

VITAL STATISTICS.

	Philadelphia. Week ending May 30.	Baltimore. Week ending May 31.	Boston. Week ending May .	Providence. Month of May
Population in 1860	565,529	212,418	177,812	50,666
Mortality.				
Male	146	52	...	...
Female	111	47	...	...
Adults	122	48	...	...
Under 15 years	127	51	.....	...
Under 2 years	83	24	.....	...
Total	242	99	...	...
Deaths in 100,000	.....	.....	.....	.....
American	184	.....	...	...
Foreign	52	.....	...	...
Negro	15	19	.....	...
I.—ZYMOTIC DISEASES.				
Cholera, Asiatic	...	...	...	...
Cholera Infantum	1	...	...	...
Cholera Morbus	1	...	...	...
Croup	5	6	...	...
Diarrhœa	...	...	...	...
Diphtheria	4	2	...	...
Dysentery	...	...	...	...
Erysipelas	1	...	...	...
Fever, Intermittent	...	1	...	...
Fever, Remittent	...	...	...	...
Fever, Scarlet	10	11	...	...
Fever, Typhoid	5	1	...	...
Fever, Typhus	3	...	...	...
Fever, Yellow	...	...	...	...
Hooping-cough	2	2	...	...
Influenza	...	...	...	...
Measles	3	...	...	...
Small Pox	2	4	...	...
Syphilis	...	...	...	...
Thrush	...	...	...	...
II.—SPORADIC DISEASES.				
Albuminuria	2	...	...	...
Apoplexy	4	3	...	...
Consumption	36	16	...	...
Convulsions	16	...	...	...
Dropsy	13	3	...	...
Gun-shot Wounds	10	2	...	...
Intemperance	...	...	...	...
Marasmus	14	...	...	...
Pleurisy	...	...	...	...
Pneumonia	...	2	...	...
Puerperal Fever	1	...	...	...
Scrofula	1	...	...	...
Violence and Accidents	...	4	...	...

NOTICES.

The Medical Society of the State of Pennsylvania.

Will hold its Fourteenth Annual Session in Philadelphia, on the second Wednesday, 10th, of June, at 11, A. M.

J. H. SMALTZ,
J. M. STEVENSON,
Recording Secretaries.

Ohio State Medical Society.

The Eighteeenth Annual Meeting of the Ohio State Medical Society will be held at White Sulphur Springs, on Tuesday, June 16th. *Will some member furnish us an account of the meeting for publication?*

THE

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Original Department.

Communications.

ROUGH NOTES
Of an Army Surgeon's Experience, during the Great Rebellion.

By J. Theodore Calhoun,

Assistant Surgeon in United States Army, and Surgeon in Chief, 2d Division, 3d Army Corps.

No. 20.

Typhoid Fever, and other diseases of Camp.

Next to camp dysentery the disease most dreaded by the army practitioner is typhoid fever.

The disease which receives the name of typhoid fever in camp is a low adynamic form of fever. It may or may not be the true typhoid fever, (enteric fever of Wood.) It is not typhus fever, nor is it necessarily the low typhoid form of fever which has, for its peculiar pathological lesion, the ulceration of Peyer's glands.

A great many of the so-called cases of typhoid fever seen in the army are genuine cases of enteric fever, and characterized by all its symptoms. But many cases, while they cannot be classified as typhus, are still not enteric fever. The true enteric fever cases as well as those fevers of a typhoid character, are usually called by one name, "Typhoid fever."

The cases of pure enteric fever differ in no manner from those seen in civil life. But cases are very common of a low adynamic form of fever, where, however, there is no tenderness felt or gurgling sound heard on pressure over the illio cœcal valve; none of the peculiar characteristic rose-colored spots (Tache Rouge) upon the abdomen, and no epistaxis. A post-mortem fails to reveal any ulceration or change of structure in the glands of Peyer.

The other symptoms are, however, so exactly like those of enteric fever, and the treatment is so nearly the same, that many army practitioners recognize no distinction between the two, while nearly every one for convenience sake style the cases, whether destitute of intestinal lesion or not, as cases of typhoid fever.

In the treatment of typhoid fever in the army as well as in civil life, practitioners differ somewhat. The treatment, however, most in vogue is that commonly known as the "whisky and quinine treatment," or in other words, that treatment which consists in the free administration of stimulants. In the outset of the disease a mild cathartic is given—usually a blue pill at night followed by castor oil in the morning. Diaphoretics are given during the day with a Dover's powder at bed-time, and as soon as any sign of protraction commences, liberal doses of quinine and whisky are given with beef tea, wine whey and egg-nogg. When there is much cerebral disturbance, I have employed ether with much advantage.

In these cases of true enteric fever I always give oil of turpentine as recommended by Prof. Wood, although as far as my experience goes, its use is not very common in the army, nitrate of silver being sometimes used instead, and in many cases no attempt being made at all to act particularly upon the intestinal ulceration.

The treatment above indicated has nothing novel about it, and I merely mention it as the treatment most in favor (as far as my experience goes) with army practitioners. I have not seen a case that I could believe was genuine typhus fever, although I know that cases are sometimes called by this name.

The typhoid fever, as we see it, is certainly not contagious. At various times we have had a large number of cases of this disease, and in some instances it has seemed as if it was contagious. But a careful analysis will not confirm the idea that would at first present itself. I have known regiments to have twenty or thirty deaths from typhoid fever in a few weeks, and a great many men sick with the disease. Regiments camped in the immediate vicinity would be without a case, although men of the two regiments would be constantly intermingling. It is difficult often to account for such a state of affairs, but some cause will generally be found to explain it.

Regiments raised in the country and composed of farmers' boys suffer more from typhoid fever than city troops, even though the former are their superiors in physique. One of the healthiest regiments in this division and in the army, is the fourth Excelsior, (2d N. Y. Fire Zouaves) com-

posed almost entirely of New York firemen. Their losses from typhoid fever (if they have lost any at all from that disease) must be very small, while in the same brigade, the 120th New York Vols., composed of the better class of farmers' sons from the river counties of New York, although not having seen one-tenth the service or suffered one-twentieth the hardships of the regiment just referred to, have been almost decimated by typhoid fever.

I have no means of judging of the average mortality of typhoid fever in camp. Whilst in Maryland for some three months, during which, I had in my own regiment quite a number of cases of true enteric fever, I lost one of every thirty-four cases. But the ratio in the army will vary with the circumstances under which your patients are treated and the comforts to be obtained for them. I have seen the time when I have been obliged to feed a convalescent typhoid fever patient on hard crackers soaked in water and fried in pork grease. How the convalescence continued under such a diet has never ceased to be a marvel to me. It is rare that fresh beef cannot be obtained although soft bread is often absent.

At the present time, judging by my own division, and from the hospitals of other divisions that I have visited, this army must be very free from typhoid fever. Cases of this disease in this division are just now but rarely seen.

The head boards to the graves in rebel cemeteries bear evidence that their regiments have suffered severely from it. I was told by the rebels the other day (while within their lines under a flag of truce after the late battle of Chancellorsville) that their army was in most excellent health. This, like most other assertions that they make, cannot of course be implicitly relied upon; but those of their wounded that came under my notice certainly compared most favorably with ours in their general physique, and the half dozen of their wounded now lying in the hospital of this division at Potomac Creek attract general attention by their hale hearty appearance.

Cases of typhoid pneumonia are occasionally met with, but much more rarely than would *a priori* be expected. The treatment of such cases in the army differs in no respect from that employed in civil life.

Simple cases of pneumonia are not uncommon. They yield very readily to treatment, and death from that disease is very rare. Venesection is very seldom employed in this disease, and in fact, after an experience of nearly two years in the field, I cannot recall a case of any disease in which venesection was resorted to. I never saw a man bled in this army for any disease.

Rheumatism in its various forms is very common during the winter months. The variety usually seen is that which may be denominated "sub-acute." Lumbago is very common. As this disease is so very easily feigned and as the medicines usually given for its relief are not very nauseous, it is very frequently feigned by malingerers. This fact must be borne in mind in making a diagnosis.

The rheumatism we see generally yields readily to treatment. The extracts of colchicum (ext. colchici fld. and ext. colchici acet.) are furnished by the Government, and are perhaps the remedies most generally employed, and in the vast majority of cases a few drops of the fluid extract combined with ten or twenty drops of tinct. opii, given three or four times a day, with a stimulating liniment for external application will suffice for a cure. If on the march a pill of the acetic extract with opium is more convenient in its form of administration.

In more severe cases a regular course of treatment must be entered upon which, however, differs in no manner from a treatment of a similar case in civil life.

Observations on NERVOUS DEAFNESS.

By Laurence Turnbull, M. D.,
Of Philadelphia.

[Continued from page 18.]

Pathology.

I will now quote from the work of Dr. A. Von Troellsch, of Wurzburg, which is considered one of the most valuable contributions to aural surgery which have appeared for some time. The author, who is in large aural practice at Wurzburg, has, during the last six or seven years made a very considerable number of post-mortem examinations (twenty-eight) of the ears of persons who had been deaf during life and others; and has, in the course of his observations, discovered many new facts of importance.

"In his autopsies Tröltsch, has seldom mentioned the condition of the membranous labyrinth, as other lesions were always found, sufficient to account for the deafness, and he had no desire, he observes, to wander to a distance, when what is most important is close at hand. Voltolini,* who makes a severe charge against him, for having neglected this matter, and who appears to have studied the labyrinth with considerable industry, yet he cannot tell us of any primary alterations of the latter, but only of such as were produced by inflammation and caries of the neighboring bones. We can learn little or nothing from pathological

* Virchow's Archiv B. xviii. S. 35.

anatomy with regard to the frequency or infrequency of primary labyrinth affections, and I entirely agree with RAU, when he says, on page 266 of his valuable Manual of Diseases of the Ear. "There is no well established case in which inflammation, primary and isolated, of the labyrinth has been demonstrated. In a clinical point of view also, we can know but little, and we can only make a diagnosis of an apparent affection of the labyrinth by excluding other affections. Autopsies are the only means of demonstrating the correctness of a diagnosis, where the parts of the body involved are hidden from our view.

ERHARD, it is true, has given in his "Rational Treatise on Diseases of the Ear, founded on Clinical Observations,"* a list of various forms of disease of the inner ear, such as "apoplexies and their products," "hyperæmia, hypertrophy and atrophy of the nervous tissue," "anomalies of the labyrinth-water," "neuralgia and rheumatism of the acoustic nerve," "defective circulation and innervation with reflex-deafness in the tunic of the retina," etc., etc., etc., and with astounding assurance relates most circumstantially the symptoms which attend each one of these diseases.

ERHARD knows just about as much as any one else concerning the diseases of the labyrinth, viz. nothing; and all this nonsense is not calculated to advance a speciality in which scientific earnestness and contempt of all flights of fancy are doubly necessary. Since then neither pathological anatomy nor clinical observation can inform us whether the diagnosis "nervous deafness" which is so often made, is correct or incorrect, let us examine the analagous relations in other organs, for instance, that of vision, and, at the same time, study the sources of nutrition, and the mode of developement of the inner ear. The inner ear is entirely independent of the other portions of the ear, both as regards its source of nutrition, and its developement. Its artery, the internal auditory does not come from without the carotid, as do the vessels which supply the external and middle ear, but from the brain, and takes its origin from a branch of the subclavian. It comes either directly from the basilar or from the anterior cerebral branch of the latter. There does not appear to be any direct communication between the vessels of the middle and external ear, so that secondary disturbances of nutrition of the labyrinth can only result from alterations in the brain, or from morbid conditions in the interior of the cranium, but not from affections of the outer ear. The process of developement also shows the independent character which pertains to the labyrinth from the very beginning. Whilst the tympanic cavity with the eustachian tube are developed from the bronchial apparatus, or as ARNOLD and VON BAER assert from a process of the pharyngeal mucous membrane, the labyrinth is developed from the ear vesicle of EMMERT, or projecting process of the cerebral vesicle. The labyrinth is formed much sooner than the petrous portion of the temporal bone, and its ossification proceeds independently. Even afterwards, the nutrition of the part of the petrous portion of the temporal bone, which contains the labyrinth, is seen to be independent of that of other parts, and I have mentioned instances, (a. a. O. S. 47,) of isolated necrosis of this portion. Let us now examine the analogous relations of the eye, and we will find that there, as is well known, the diseases of the retina and optic nerve are far less frequent than affections of the outer coats and refracting media, and yet here the causes for a production of disturbances in the nutrition of the nervous apparatus exist in a far greater degree than they do in the ear. The retina and the entrance of the optic nerve lie in an elastic globe, which is exposed not only to internal but to external influences; the retina is not only connected with the brain, but with the choroid and the vitreous body, whilst the nervous apparatus of the ear is only connected, as regards nutrition, with the brain, and being enveloped in a bed of the hardest bone, and considerably removed from the surface of the body, it is unaffected by any external influence except the severest wounds and concussions.

It is therefore highly probable, that primary affections of the labyrinth or idiopathic "nervous deafnesses" are incomparably less frequent than affections of the outer and middle ear, and that when secondary they are most frequently caused by affections of the brain, or by changes in those parts which also belong to the tympanum, and which, as we have seen, give rise to very numerous pathological phenomena, viz.: the round and oval window, which have both a covering of the periosteum of the labyrinth. Abscesses or caries may find their way from without, as we have already said. In no case, however, should the diagnosis "nervous deafness" be made, unless no change, to which we can attribute the symptoms, can be discovered in those parts which are explorable by our senses. This demands a perfect knowledge of the normal condition of the parts, and a faculty to discern the slightest change, *e. g.* in the membrana tympani. We have already shown that many even experienced aurists are deficient in these requisites, and that very considerable abnormities in the just mentioned organ have been overlooked. With regard then to the frequency of the diagnosis "nervous deafness" we remark, that in all the branches of medi-

* Erlangen 1859.

cine, the less one's anatomical knowledge and exact research, the oftener one considers diseases as "nervous," and the greater one's progress in these two requisites, the more means has one of explaining the symptoms, and the less often does one make such a diagnosis, which, as a general rule, is nothing better than a make-shift. I must mention that the severity of the deafness does necessarily indicate an affection of the labyrinth; affections of the middle ear may cause the most severe deafness, as observation teaches us."*

EFFECTS OF LATENT MALARIA
Roused into Activity by an Exciting Cause.

By an Assistant Surgeon, U. S. A.

During the last seven months many facts of an interesting character have been developed within our hospital; and among them, perhaps, not the least interesting is the effects produced by malarious poison after a latent period of many months; always being roused into activity, so far as my own observation goes, by an exciting cause. Frequently I have been unable to arrive at any satisfactory conclusion; in many cases the symptoms constantly antagonizing each other, and very often by their erratic character, leading one into error as to their origin, and causing much doubt in regard to their termination. It has been my fortune to have met with *three* cases in my ward distinctly marked, which, after a period ranging from three to six months, miasmatic poison has been called into activity by other diseases; all of which, in my opinion, have acted as exciting causes; the morbific influence seeming to have responded in a direct ratio to the gravity of the preceding affection. If we stop to consider, we shall have very little difficulty in deducing a satisfactory conclusion as to the general etiology of the the disease, knowing as we do the peculiar location of and circumstances which surrounded our troops, during the summer and fall of 1862.

All our conclusions must centre upon one cause, namely, malaria. As to to the special etiology of miasmatic poisoning, or its peculiar mode of producing its effects we are very much in the dark. Various hypotheses have been started, which the originators have failed generally to prove. Probably the one deserving of most consideration is the "vegeto-animalcular, which imagines the existence of microscopic organized growths, which enter the system and produce these peculiar morbid results." Some writers have supposed that heat, fatigue, and mental anxiety were sufficient to produce a fever of a remittent or intermittent character. These, however, in my estimation, are nothing more than exciting causes, tending to lessen vital force, and thereby presenting a favorable condition of the system for the action of the morbific cause.

Thus, in a depressed state of the system, the functions of various organs become languid in a direct ratio to the amount of depression, and probably on no organ do these effects fall with greater violence than the stomach, consequently digestion is impaired, followed by loss of appetite, and thus the very fountain head of nutrition is deranged. A smaller quantity of blood is produced, and in all probability this is of an inferior character, and mingling with the rest of that fluid, the whole becomes to a certain extent vitiated. Hence the rational deduction would be that the system generally did not receive a proper quantity or quality of the vitalizing fluid and loss of tone is the result. More particularly is this so in regard to the nerve centres, for we know that if the brain be deprived of blood, even for a very short time, syncope, with prostration of all the powers will ensue; or should the blood from any cause retain its venous character, that instead of supplying nutriment to the "great centre," it will produce the most alarming consequences, and unless assistance either natural or artificial is rendered, death will be the inevitable result.

Supposing, however, the integrity of the blood to be but slightly deranged, we of course would have no such alarming symptoms immediately, the most that would be effected would be a moderate depression of the nervous functions, either locally or generally. But when we take into consideration that the slightest modification of the power generated by the brain, or even the inferior nerve centre, must, to a great extent, interfere with the actions and functions of the whole system, we can readily conceive how even apparently slight causes interfere with the mutually dependent workings of the exquisite machinery of life. Again, suppose the primary cause to fall upon the nervous system the power of the nerve *centres* will be lessened, nay even more, the nerves themselves may become so deranged as to be unable to convey power to an organ or the surface, or even sensation from the surface to the centres. Hence the organs do not receive their full supply of stimulus, and are thereby impaired in their respective functions. Indeed, so closely and intimately are the various systems, such as the arterial and nervous, connected in all their operations, that oft times it is difficult to say which has been primarily affected or may even now be the seat of the disorder. We know, however, that the interruption of these functions must reduce the tone of the system to such an extent, as to prevent a condition that renders it peculiarly susceptible to the action of morbific influences. In regard to the length of

* V. Tröltsch, Anatomie des Ohres, pp. 93, 94, 95.

time that the poison may continue dormant, we are left very much in doubt. Some writers contend that from twelve to fourteen days is the maximum, and quote many cases to favor this conclusion, while others mention numerous instances, and from my own observation I am led to suppose with greater accuracy, to prove that the latent period may range from *five* to *eight months*. Why a poison may thus impregnate the system for a time without apparent effect, and then be roused into sudden activity by an exciting cause, is a field wherein is much room for experiment and investigation.

It is not believed by any one of whom I know that malaria can, like the matters of contagion, be attached to a substance of any nature, and thus conveyed, excite the disease; and the observations necessary to determine this interval, are not therefore entangled; while it is plain that to make them truly, the patient must after a brief exposure, be completely removed from all the original causes.

McCullough mentions an instance of a ship of war on the coast of Africa in which a remittent fever made its appearance among the crew, when the vessel put to sea on a cruise, notwithstanding which, other men became sick in succession during the space of twenty days, after which no further cases occurred. However, numerous physicians, both English and French have said that many soldiers have been attacked after a period ranging from three to seven months, when removed from all previous influences, asserting that the poison had remained dormant in the system during that time.

But what I wish to bring to notice particularly is the masked forms under which degenerate *intermittent* or remittent fevers may appear, and how that, influenced by an exciting cause, the malaria poison may be roused to such an extent as to renew to some degree the primitive characteristics of the periodic disease.

The first case I shall mention is that of a soldier admitted to my ward for chronic diarrhœa, contracted in the Chickahominy swamps; this disease was protracted and stubborn, a cure only being effected after a lapse of *five* months; and during this time he complained of uneasy, indescribable feelings, referring them from time to time to different parts, but with great irregularity as to the time of their appearance. The prominent symptoms mere slight headache, lassitude, pains in the back and limbs, with a feeling of general debility, diminished intellectual powers, morbid excitement, derangement of the circulation, with slight flushes of heat, no feeling of coldness being well marked.

In this state he continued for some time, when being suddenly exposed to cold a violent catarrh set in followed by erysipelas of the face; the attack was very severe, and for a time caused some alarm, it was rapidly making its way to the scalp, and was only arrested by the application of solid nitrate of silver. He was put upon the the use of cooling diaphoretics in conjunction with 20 drops *Tr. Ferri Chlor.* three times a day, under which treatment he soon recovered. However, upon the appearance of health other symptoms soon began to be developed. Violent frontal neuralgia set in, which at first was almost continuous, but after the lapse of a week became paroxysmal, being daily more marked, till at length there was a complete intermission; then it disappeared for two or three days, at the end of which time it made its appearance in the form of hemicrania, again subsiding for a short time, it would become infra-orbital, and at another time the seat of pain would be the organ of vision; thus shifting about from place to place, keeping the patient in a very distressed condition. At last I was led to suspect the true nature of the affection, and on inquiry as as to the locality in which he had been serving during the preceding summer, I found that he had been exposed to all the virulent influences of miasmatic poison which the swamps of the Chickahominy were capable of generating. I then placed the patient upon quin. sulph. giving gr. xij, between the paroxysms, and increasing until it had reached the amount of gr. xxxv, daily, without apparent benefit. For some time all medicine was omitted and the condition of the patient remained unchanged, when the quinia was again administered, but without success. The next remedy resorted to was arsenious acid in the form of Fowler's solution, in doses of five drops, three times daily. After about a week or probably less, the intermission was more marked and of longer duration, and in three weeks from the commencement of this form of treatment the paroxysms had almost entirely disappeared; the treatment was continued a few days longer when all traces of the disease had left, and the patient announced himself well.

Case 2, is that of a soldier admitted to my ward about the same time as the first spoken of. He had general langour and lassitude, having no desire to move about, even declining a pass for a few hours, and it was with the greatest difficulty that we could induce him to take even a small amount of exercise. About two months after his admission into the hospital, he was exposed to cold which resulted in a severe attack of tonsilitis, from which he recovered after about two weeks; but upon retrogression of this disease severe neuralgic pains began to make their appearance, and like the other case at first occupied a position over the orbit, then became infra-orbital, thus

wandering about in an erratic manner leaving the physician in doubt as to where they would next make their appearance. This man was put upon sulphate of quinia, with the same unsatisfactory results as in the previous case.

I may also add that in addition to the above symptoms, he was seized with a slight attack of *paralysis* of the left arm, accompanied by fulness of the vessels of the head and face, which, however, soon passed off without leaving any unpleasant results. Finding the quinia useless I abandoned it, and resorted to Fowler's solution in five drop doses thrice daily; after the lapse of a few days the paroxysms became shorter and less severe, and were entirely broken up at the end of three weeks, though the state of the patient's health was very much enfeebled.

Case 3. A patient admitted to my ward with chronic diarrhœa and rheumatism contracted during the retreat to Harrison's Landing. Having been much exposed to change of weather, want of food and rest, he was greatly reduced, and for some time the disease seemed to progress, indeed, it was only after a lapse of four months that he was considered to be fairly convalescent.

After enjoying a few weeks of comparative health, exposure to cold brought on a slight attack of erysipelas, accompanied with moderate ulceration of the fauces. He was immediately placed upon a treatment applicable to his condition, and in a very short time recovered. But the cutaneous and throat affections had no sooner disappeared, than they were followed by the most intense facial neuralgia, distinctly intermittent from the first, being of the quotidian type, as indeed were the two preceding cases, indistinct at first, but at length becoming more marked, when, for the sake of experiment, I placed him upon the use of quinia, commencing with ten. grs. and increasing gradually in this case until he was taking forty grs. during the intermission; this I continued for some time, but without any beneficial results. It was, therefore, abandoned and recourse had to the arsenical preparation, when this case, as those previously mentioned, gave way before the anti-periodic properties of this potent remedy. These patients, up to the present time, have had no return of the disease, though their general health is far from being good. However, they are daily improving, and will, no doubt, in a short time, recover entirely and return to their regiments.

Three things here present themselves which seem worthy of notice:

1st. The latent condition of the miasmatic poison.

2nd. Its being roused into activity by an exciting cause.

3d. The utter failure of the quinia to produce favorable results; and the complete success of the arsenical solution.

Hospital Reports.

Philadelphia Hospital,
February 11th, 1863.

Medical Clinic of Dr. Da Costa.

Reported by *Dr. H. C. Wood*, Resident Physician.

Dropsy.

1. Cirrhosis. The first case presented to the class was the negro who had been before them on the previous Saturday. It was remarked, that the question naturally presents itself—What besides ascites could have produced this great size of the abdomen? The answer to this is firstly, any tumor. The most common of these are enlargements of the liver and spleen and intra-abdominal cancerous growths. Secondly, Tympanites, as in the woman lately before the class. The great percussion resonance everywhere present over the abdomen in such a case would at once decide its nature. Palpation so as to test the presence of fluctuation would be the means of diagnosis between a collection of fluid and a solid growth. A little care in the application of these two diagnostic means, percussion and palpation would prevent those mistakes, whose occurrence is so continually bringing discredit on our profession. What are the causes of simple ascites? These may almost all be generalized under one head, namely, obstruction of the portal circulation. In by far the larger number of cases, this obstruction is due to disease of the liver. Sometimes, however, diseases of the spleen, cancerous growths, etc., may, by interference with the return of the blood, either by pressure on a vein, or otherwise, produce a local abdominal dropsy. In all cases it is right first to satisfy ourselves, that the ascites is not part of a general dropsy. Here we examined the kidneys and heart and found that they were not at fault. Therefore by exclusion as well as by more direct reasoning, the conclusion was forced on us that the liver was diseased. What is the exact lesion in the case? The patient has been very intemperate, and the two great hepatic changes wrought by the abuse of alcohol, are fatty degeneration and cirrhosis. It is probably the latter which affects this man; because, whilst a fatty liver is apt to be much enlarged and to be accompanied with but slight ascites, here there is great abdominal dropsy and no signs of marked hepatic enlargement.

2. Local Dropsy. The next case introduced was B. R., aet. 53; native of Pennsylvania. He came into the wards February 4th. In the beginning of October, an embankment fell on him. The mass of earth throwing him on his face, rested on his back for about half an hour, whilst his body was only supported by two stones and his back forced violently downward. When he was rescued from this straining position, his lower limbs were powerless. Two days after the accident the patient was seized with violent pain in his limbs, which continued for six or seven weeks. Gradually his limbs became swollen, the dropsy slowly extending from below upward until it reached its present height.

It was remarked, that the face of this man is pale and swollen. His tongue is red, fissured, and slightly coated. His pulse is 80 per minute and of moderate volume. He has an occasional cough, and much exertion produces some shortness of breath. His respirations are 28 a minute, which is above the standard of health. The heart is shown, by increased dullness on percussion to be enlarged, and its impulse is somewhat more forcible and extended than normal. There is here probably some hypertrophy with dila-

tation. His abdomen is greatly distended. The application of the means of physical diagnosis described at length in a previous lecture, shows that although this is owing mainly to intestines distended by flatus, there is some fluid present in the cavity of the peritoneum. The scrotum and legs are very much swollen and pit on pressure. What is the cause of this anasarca? This is much more difficult to decide than in any case yet before us. The three common seats of disease producing dropsy, are the heart, liver and kidneys. The first organ is not sufficiently diseased to account for the anasarca. There is no jaundice, and the form of the dropsy itself precludes the idea of hepatic origin. The patient has very much the look of a man suffering from renal dropsy. The specific gravity of his urine is 1.025. Heating it, a distinct precipitate exactly resembling albumen is thrown down. But a little nitric acid dissolves it, showing that it is composed of phosphatic salts and not of albumen. There is then no organic disease of the kidneys. Does the history throw any light on the case? The man received an injury across the loins, was paralyzed from it for a short time, then suffered greatly with pains in his limbs and consentaneously has dropsy appearing in them. He probably has some obstruction to the return of the blood through the vena-cava ascendens. The external venules of his lower extremities are considerably congested. The obstruction is possibly some local lesion of the aorta or vena-cava. The absence of pain and of any bruit or thrill seem to disprove the existence of a true aneurism.

3. Renal Dropsy. The next case was R. F., æt. 45. She came into the house Jan. 9th, with excessive and universal dropsy, which she had had for a month. She states that three years ago, she had a similar, but not so severe an attack, and that then the dropsy was confined to the lower extremities and was cured by the discharge of the water through a small spontaneous opening above the knee. Her urine is scanty and highly albuminous, and has in it a few very transparent hyaline casts. It was remarked, that the face, hands, arms, breast, etc., of this woman are all swollen—the dropsy is omnipresent. Percussion everywhere over her lungs elicit a clear resonant sound. But auscultation shows that these organs are full of fine bubbling râles. Hear her peculiar, frothy cough. Look at her thin watery expectoration. Whenever you have this combination of clearness, with bubbling râles, peculiar cough and expectoration, you have to deal with a case of œdema of the lungs. Her pulse is rapid and very feeble, bespeaking exhaustion. There is no cardiac lesion. Her liver is not enlarged. The dropsy is entirely dependent on the renal disease. Its universality with the appearance of the face are almost diagnostic of this. The history shows that this dropsy is rather acute in its origin. The ancients supposed that these acute or sub-acute dropsies were due to inflammation. But the truth is, that in ninety cases out of the hundred, they are owing to a disease of the kidneys.

Surgical Clinic of Prof. Gross.

Reported by *J. E. Owens*, M. D., Resident Surgeon.

Carcinoma of the Lip.

J—— G——, æt. fifty. This patient is brought before you for the purpose of exhibiting the ravages of cancer. There is nothing more terrible or more sad than the ravages of this malignant disease. It made its appearance about the first of May last, only nine months ago. The disease most probably began in the skin, or in the skin and lymphatic glands. In its progress, it has successively involved skin, muscle, fibrous tissue, and bone. The tongue, though exposed, is not yet involved. There has been, on one or two occasions, considerable hemorrhage. The ulcer manifests no disposition to heal, the granulations speedily losing their vitality. The discharge is of a thin, acrid character. The patient presents a sallow and withered aspect. The pain, in this case, though not very severe, is sharp, darting or pricking. The treatment, from which we hope nothing eventually, consists of anodynes, good diet and tonics. Deodorizing applications, such as Labarraque's solution, chloride of zinc sufficiently diluted, hypermanganate of potash, are used to allay fetor. This patient sank, day by day, and died March 7th.

Scirrhus of Mammary Gland.

H—— M——, æt. fifty-two; unmarried. This patient has been in the house for some weeks. The disease, which she attributes to a blow from a piece of wood, made its appearance about two years ago. The gland, she says, became sore very slowly. There was a little oozing from the nipple. The pain is sharp and lancinating. The tumor itself is dense and firm. Scirrhus comes on, in a majority of cases, without any assignable cause, yet its unfortunate victims generally attribute it to various accidents and circumstances. We, however, know nothing of the source of its production. When the skin is sound, the cancer is said to be occult; when it is broken, we have an open cancer. The lymphatics are enlarged and very hard. One of the earliest and most valuable diagnostic signs of cancer is retraction of the nipple. This is the result of the new deposit pressing on the lactiferous ducts, thereby drawing the nipple backward. Sometimes, but very rarely, the nipple remains natural. Below the nipple a small eruption of secondary formation is observed. This is a phenomenon of carcinoma. It sometimes extends over the shoulders, the superior extremities, and even over the inferior extremities. The morbid product may appear as a solitary tumor, not larger than a pea or a small marble; or several of these small lumps may appear successively and coalesce. Scirrhus is usually of small bulk. Sometimes, however, the tumor becomes large, but this is owing to the fat around it. If we dissect out the deposit, we will find it small. This deposit at length contracts adhesions to the surrounding parts. The immediate cause of the adhesions is an effusion of plastic matter, the result of inflammation, caused by the pressure of the morbid deposit itself. In this case the tumor is firmly adherent. The pain is severe, often extending over the top of the shoulder to the neck and to the back. When there is lymphatic enlargement, the hand and arm become œdematous and partially paralyzed, in consequence of the pressure upon the vessels and nerves. During the progress of the disease, the blood becomes thin and colorless, the body is emaciated, and the muscles are pale and flabby. Even the bones become softened, especially the thigh bones. Dr. Gross referred to a case in which an old lady, a patient of his, suffering from scirrhus of the mamma, broke her right femur merely by turning in bed. We may operate for the removal of scirrhus in its earlier stages, but when there is this extensive involvement of the lymphatics, the knife must not be resorted to. It is our duty, in case of an operation, to remind the patient that eventually the cancer will return in some portion or other of the body. There is, also, in this case, a hard, firm lump in the axilla of the right side. The pain is severe. When ulceration takes place, allay the fetor by means of the chlorides, and use soft emollient applications. Relieve pain with anodynes. Let the diet be simple and concentrated. Give tonics and milk-punch.

March 25th. The disease is progressing more rapidly, but the patient's general health is yet tolerably good.

Medical Societies.

AMERICAN MEDICAL ASSOCIATION.

The fourteenth annual session of the American Medical Association convened in Chicago, Tuesday, June 2d. There was a full attendance, most of the States being represented.

Assembling of the Convention.

The Convention was called to order at 11 o'clock, by Wilson Jewell, of Pennsylvania, the first Vice-President of the Association during the last three years. The remaining retiring officers occupied seats on the platform, with the exception of the President, who is deceased. The following are the gentlemen who have held office since the year 1860:

President—Eli Ives, Connecticut.

Vice-Presidents—Wilson Jewell, Pennsylvania; A. B. Palmer, Michigan; R. D. Arnold, Georgia; Joseph N. McDowell, Missouri.

Secretaries—S. G. Hubbard, Connecticut; H. A. Johnson, Illinois.

Treasurer—Caspar Wistar, Pennsylvania.

The Rev. R. L. Collier, pastor of the Wabash Avenue Methodist Episcopal Church, then invoked the Divine blessing upon the deliberations of the Association.

Address of Welcome.

The address of welcome to the delegates was made by Dr. N. S. Davis, on behalf of the physicians of the City of Chicago and the State of Illinois.

It became his pleasing duty, on behalf of the professors of medicine in Chicago, as well as Illinois, he said, to welcome them, which he did with great pleasure. This was a new city, and, as a consequence, destitute of many of those attractions to be met with in other and older cities. Yet all the institutions of the East were here in their incipiency, and were flourishing. This city has grown in thirty years from the Indian tract to a population of one hundred and forty thousand people, and to a well-organized and highly-educated community. The public schools, academy of sciences, universities, colleges, historical society, and commercial structures, all proved how rapidly Chicago has progressed. They were welcomed, however, not to these, but to the hearts and homes of the citizens,—doubly welcome on account of the three years that had elapsed since their last meeting. The interruption was made from year to year, in the hope that they would again be able to meet from all sections of the country, and extend the common grasp of fellowship to all their brethren. But it was necessary to retain their organization, even though their brethren did not join in the convention. Nevertheless, he did look forward to the time when they could all again assemble under one flag, with one nationality, to resume their mutual researches into the secrets of that philosophy which bore so intimate a relation to the welfare of the whole family of man.

They were doubly welcome, because their society was not based on a selfish aim; its end was to advance the educational and scientific interest of a profession whose aim and province it is to gather all the knowledge which tends to alleviate human pain, prolong human life and perpetuate human happiness. For this great object they had traveled thousands of miles. The prairies in this State were broad, but not more open than their hearts, and, if they failed in doing all that could be wished for their comfort, it would be on account of the crowded condition of the city. He concluded by saying that they had gathered as friends, and he believed that their business would be transacted in harmony and peace, and that when they adjourned it would be with the feeling that it was good to be here. They were assembled in the midst of great national excitement, but their business would be transacted thoroughly and satisfactorily, because it did not conflict with the interest of any class—it ministered to all. In the profession they were all patriots, all lovers of their country, and if, in their deliberations, they could but bring out one fact which would tend to alleviate the sufferings of those who were fighting for their country, they would be amply repaid. He again bid them doubly welcome.

Report of the Committee of Arrangements.

The report of the Committee of Arrangements was then read by Dr. Davis. It contained an allusion to the unsettled state of the country, as the reason why the annual meeting had been postponed for two years. The last was held in 1860, in New Haven, Connecticut. In the following year—1861—the session was postponed on account of the wish that both sections of the country should as usual be represented, and it was hoped that before the next year the war would be ended. At the time when the next meeting fell due, many of the profession were absent in the hospitals. It was decided by the New York State Association last winter that a convention should be held this year, and, whether the action was judicious or not, it was indorsed by every society so far as heard from, and every journal in the States, except one, had spoken favorably of the movement.

It had been found impossible to secure aid from the railroad corporations, as they had made mutual agreement not to grant passes to conventions, and the canal convention was an exception to that rule. The attendance of delegates and prominent members was large, and indicated a satisfactory and profitable meeting. He then directed the attention of the members to the cards of invitation to the evening meetings, and requested their attendance.

The report was adopted.

Names of Delegates in Attendance.

The roll of members was then called by the Secretary. The following are the names of those present:

Vermont—G. N. Stiles, Lewis Emmons.

Massachusetts—Henry Cutter, Appleton Thorne, Edward Barton, James P. Lynde, Ebenezer Stone, P. J. Kendall, Benj. E. Cotting, Joshua Homans, John C. Dalton, M. D. Southwick, E. P. Abbe, John Green.

New York—Henry G. Davis, Guido Furman, Alden March, Daniel P. Bissel, James S. Whaley, Thomas C. Brinsmade, J. S. Sprague, C. C. F. Gay, Edward Hook, E. S. F. Arnold, E. W. Cherry, W. N. Blakeman, Howard Townsend, H. Nicholl, E. Tobie, H. S. Downs, C. C. Wyckoff, Alf. Underhill, J. H. Griscom, L. B. Cotes, Julius Homberger, C. H. Harvey, James McNaughton, Dan'l Holmes.

Connecticut—Stephen G. Hubbard, L. N. Beardsley, B. H. Catlin, A. W. Barrows.

New Jersey—Wm. Pierson, Jr., D. M. Sayre, John Blane, Isaac S. Cramer.

Delaware—H. F. Askew, James Couper.

Pennsylvania—Wilson Jewell, Wm. Mayberry, Edward Wallace, B. Richardson, John R. Thomas, E. H. Mason, Wm. L. Richardson, T. N. Troth.

Virginia—J. C. Hupp.

Ohio—W. S. Battles, J. M. Taggert, W. W. Jones, A. H. Agard, K. G. Thomas, S. O. Almy, L. M. Lawson, W. B. Davis.

Indiana—B. S. Woodworth, A. M. Vickery, A. J. Erwin, A. P. Ferris, L. D. Personett, James Ferris, S. A. Freeman, L. D. Glazebrook, James F. Hibbard.

Michigan—A. B. Palmer, E. A. Egerry, H. O. Hitchcock, S. D. Richardson, L. Davenport. E. W. Jenks.

Illinois—E. L. Holmes, Geo. K. Amerman, Edward Andrews, John Ten Broek, C. R. Parks, T. D. Fisher, Geo. W. Hall, David Prince, E. Andrews, N. Wright, W. O. Chamberlain, J. P. Rouse, E. A. Steele, A. Fisher, M. J. Johnson, J. H. Hollister, D. Pierson, M. F. Dewitt, S. Wirkerster, J. D. Rose, Henry Wing, Chas. Gorham, S. W. Noble, Ira Hatch, T. F. Worrell, T. P. Haller, H. A. Johnson, R. Spitler, G. Pasli, H. Noble, D. M. Tarker, Orrin Smith, A. J. Craine, T. K. Edmiston, J. J. Lake, H. Nance, A. L. Merriam, V. C. Secord, H. W. Jones, D. D. Breagle, T. Bevan, H. N. Hurlbut, S. Eargle, T. D. Fitch.

Wisconsin—Chas. L. Stoddart, H. Adams, Hermon Van Dusen, E. S. Carr, G. D. Wilber, S. W. Bicknard.

Iowa—J. W. H. Baker, Sam'l C. Lay, Jos. Sprague, D. L. McGugin.

Kansas—D. W. Stormont, C. A. Logan.

Tennessee—W. K. Bowling.

Army and Navy—C. C. Cox, J. Simmons, A. R. Terry, John R. Porter, Henry Palmer, M. K. Taylor, Ralph Isham.

The Secretary announced that in regard to returning members of the Association to their homes, the Secretary of the Canal Convention had signified that they were at liberty to become recognized as delegates to the Canal Convention, by registering their names with him.

Committee on Nominations.

The delegates from the several States then resolved themselves into sub-committees, and appointed their representatives on the committee for the nomination of officers, as follows:

Vermont—J. N. Stiles.
Massachusetts—John Homans.
Connecticut—L. N. Beardsley.
New York—Jos. McNaughton.
New Jersey—John Blane.
Delaware—H. F. Askew.
Ohio—W. S. Battles.
Indiana—James F. Hibbard.
Pennsylvania—Wm. Mayberry.
Michigan—H. O. Hitchcock.
Kansas—D. W. Stormont.
Virginia—John C. Hupp.
Iowa—J. H. W. Baker.
Wisconsin—H. Van Dusen.
Illinois—H. Noble.
Tennessee—W. K. Bowling.
Maryland—C. C. Cox.
The Army—Josiah Simmons.

Valedictory Address by the Acting President.

Dr. Wilson Jewell, acting President of the Association, then delivered his valedictory address. Since their last meeting, he remarked, the most tremendous events had transpired; the country had been plunged into civil war, and the best government that ever existed on the face of the earth had trembled as on the brink of dissolution. It was not strange if the troublous element had found its way into their counsels, yet he had hope still that the present struggle would be gloriously ended by a restoration of the Union. Their cause was based on the eternal principles of civil and religious liberty, and could not fail.

The speaker then turned to the subject which was most intimately connected with the objects of the convention, and spoke of the noble part taken in the struggle by the devoted members of the profession, who, amid the thunders of battle and the din of arms, worked firm and self-possessed to mitigate the horrors of the strife, and risked being killed or taken prisoners of war rather than desert the path of duty. There was no warrior's ambition; they were stimulated by no wish save that of alleviating human suffering. Many of their members were in the army, and some slept the sleep of death. First and highly valued among them was their respected President, Eli Ives, whose knowledge and experience had rendered him so valuable a medical practitioner, and whose private virtues endeared him to all. The future usefulness of the Association was one of the great aims of their late President, and he predicted great things of its future.

The orator then took a retrospective view of the progress of the association, and spoke of the signs, in its present condition and standing, which point to a bright and influential future. He quoted passages from many eminent medical men in which the future of the association was spoken of and hints for improvement given. He would, however, direct their attention to another subject, not that he loved Cæsar less, but Rome more. He would speak of hygiene, a science which bears no modern date, but claims its origin in the antediluvian age, is now so little understood, and presents an illimitable field for research. The fearful responsibilities of their calling should stimulate them to a thorough course of study in all that pertains to the preservation of health, the extension of the term of existence and the alleviation of disease where prevention is rendered impossible. There was room to hope that the American Medical Association would throw out a light which, in the medical world, would equal the refulgence of that bright ray which shown out from the retreat of the Wittenburg student and dissipated the darkness which, until then, brooded over the theological firmament. Yet, this illumination could ensue only upon a careful study of the laws of hygiene. Not that the subject was incompatible with the design of the association; it had done great service in that department and time would fail to tell the aid rendered by it in the past. But the vestibule of the hygienic temple alone had as yet been attained. The method of curing disease had heretofore attracted not too much of attention, but it had, perhaps, thrown into the background those sanitary considerations which will teach how to prevent disease by conformity to the laws of health. This was a reform much needed, but there seemed to be a perpetual obstruction presented to its progress, and a private prejudice in the popular mind against it. He would propose a two-fold method whereby the evil might be remedied. It was to elevate hygiene as a branch of scientific study, and give it a distinct chair in the medical colleges. He would constitute it as a curriculum of study which was essential to the reception of a diploma. He counseled also the adoption of some more popular and successful plan than had otherwise been pursued, for enlightening the public mind on the relations of preventive measures to the health of the people. The etiology of disease was the basis of the science of preventive medicine. This was being better understood than formerly, and one of the good fruits springing out of the present unhappy struggle would be the elimination of a multitude of facts bearing on the relations of military discipline to military health, and the consequent efficiency of the soldier. These facts were of incalculable value, and would exercise a largely beneficial influence upon the health of future ages. Already a work of this kind has been authorized by the general Government, which will contain an elaborate classification of military diseases and the influence of hygienic regulations thereupon. The time was probably not far distant when each State would have its bureau of health, and recognize the indissoluble relation existing between sanitary conditions and moral developments, as well as on the physical organism. Already two cities of the Union had taken vigorous action in this matter, and the Garden City might well claim the credit of having set the example of aiming to insure civic healthfulness. He recommended that the word "hygiene" should be written in letters of gold on the escutcheon of the association.

On motion of Dr. Sprague, of New York, the thanks of the convention were given to the retiring President for his able, eloquent, patriotic, and scientific address, and a copy was requested for publication.

Candidates for Permanent Membership.

The Committee of Arrangements then reported the following as names of gentlemen who were candidates for permanent membership, and recommended their admission:

Walter Hay, Thomas Bevan, John McAllister, John Bartlett, M. O. Heydock, Niel P. Peterson, R. C. Hamill, H. N. Hurlbut, V. L. Hurlbut, and H. Webster Jones, of Chicago; E. C. Lardner, of Vermont; S. W. Bicknell, of Beloit; E. W. Jenks, of Sturges; Henry Durham, La Salle; Silas Earle, Onarga; and W. W. Sedgewick, of Sandwich. The candidates were unanimously elected.

The following were then elected as members by initiation:

A. L. Merriam, Sandwich, Ill.; L. D. Glazebrook, St. Pierre, Ind.

The President then appointed Drs. Pearson, Beardsley, and Cutler, to draft resolutions expressive of the sense of the association respecting the death of the late President.

The convention then adjourned till three o'clock.

AFTERNOON SESSION.

The convention reassembled at three o'clock, and the Committee on Nominations was called upon to make their report. They recommended the following

For Officers:

President—Dr. Alden March, of New York.

Vice Presidents—Drs. James Couper, of Delaware; David Prince, of Illinois; C. C. Cox, of Maryland; and E. S. Cann, of Wisconsin.

Secretaries—[Not to be appointed until the place of the next meeting is known.]

Treasurer—Dr. Caspar Wistar, of Philadelphia.

Report of the Treasurer.

The report of the Treasurer was read by Dr. Haskell, of Delaware, the Treasurer being unable to attend. He reported that, owing to the unsettled state of the country and the advanced price of printing, it would be necessary to print only such papers as were of great value, and to condense those as much as possible, or the treasury could not bear the cost. The proceeds of volumes sold were $1,982.25. Balance on hand last year, $597.61; balance on hand this year, $504.21. The report was adopted.

The Committee on Publication reported the result of their labors during the year and the number of volumes now in their possession. The report was accepted.

An Unusual Case.

Dr. Griscom, of New York, reported a very interesting case of diarrhœa adiposa which occurred in the New York hospital, under his notice; it was cured by the free use of whisky and porter, but on being placed in the House of Detention, and thus debarred from its use, the symptoms returned. The speaker said that the case was a very unusual one, not more than twenty-six cases having ever been reported. He considered that the commonly received opinion that abnormal accretions of oleaginous substance arose from pancreatic secretions was unfounded.

Report on Prize Essays.

The report of the Committee on Prize Essays was read by Dr. D. L. McGugin, of Iowa. He reported that only one essay had been submitted, which is worthy of the prize medal. It is an inquiry into the properties and physiological uses of Veratrum Viride, with notices of its alkaloid, Veratria, as derived by certain processes. He considered the essay as worthy of publication and of the prize.

Dr. Lawson moved that the prize be awarded to the author, and the paper forwarded to the Committee of Publication.

Dr. Cox moved that the essay be referred to a special committee, of which Dr. McGugin shall be chairman, to read the essay and report at some future time.

The motion of Dr. Lawson prevailed, and the name of the author was then announced—Samuel R. Percy, M. D., Professor of Materia Medica and Therapeutics in the New York Medical College. The announcement was received with cheers. The prize is one hundred dollars.

The report of the Committee on Nominations was made and accepted. The nominations were continued and the gentlemen were conducted to their places on the platform by a delegation of two to each appointed by the chairman. The newly-inducted President briefly returned thanks for the honor conferred.

Reports of Special Committees.

Reports of Special Committees was then called for. A communication was received by Dr. Davis from Dr. E. R. Squibb, of New York, chairman of the committee on "the practical workings of the United States law relating to the inspection of drugs and medicines," stating that he could not attend, and offering to report next year. Agreed to.

Several other gentlemen presented in person the request to be allowed to continue, with the same result.

Dr. A. K. Gardner, of New York, presented a paper on the use and abuse of pessaries, but the reading was postponed till to-morrow morning.

No changes were made in any of the committees, and they were all continued for another year.

The Hunter Memorial.

The Committee on the Hunter memorial reported that the sum of $357 had been raised, in one dollar subscriptions, toward the Hunter fund, a portion of which had been forwarded to London. The smallness of the contribution was imputed mainly to the fact that the monument would stand on British soil, and the indifference felt by England about the present national trial had checked enthusiasm. The report was contained in a letter from Dr. Bowditch, which was received and placed on file. It was also decided that the account be closed, and the balance forwarded to England.

New Members.

The Committee of Arrangements proposed the following gentlemen to be elected as permanent members:

Drs. Daniel B. Brengle, Manchester; Van Courtland Secord, Galena; J. B. Samuel, Carrolton; David Dodge, Chicago; James S. King, Lemont; D. F. Crouse, Mount Carroll; all of Illinois. The nominations were confirmed.

The use of Mercury in the Army.

Dr. Lawson called attention to the recent order of the Surgeon-General prohibiting the use of mercurials and tartarized antimony by the army Surgical corps. He moved that the society express its disapprobation of the order. The subject was referred to a committee, with instructions to inquire into the

facts and report, the committee to consist of one member from each State.

Medical Provision for Railroad Accidents.

Remarks were then made by Dr. ARNOLD, of New York, on the necessity of making medical provision for railroad accidents. He distributed printed copies of papers read by him before the State Medical Society, and the Academy of Medicine, both of New York.

Army Surgeons.

Dr. COX called attention to the want of a recognition of army Surgeons, and urged that relative rank should be accorded to them. At present it was not possible for a Surgeon to rise above the rank of Major. He therefore offered the following resolution:

Resolved, That a committee of five be appointed by the chair to draft a memorial to Congress asking the enactment of a law by which Surgeons in the service of the United States army may be accorded relative rank in the same.

Resolved, That each medical gentleman present be urgently invited to use every proper influence with the members of Congress from his respective district, to urge the passage of a law, favorable to this object, at the ensuing session of Congress.

The resolutions were seconded by Dr. GUGIN in an able speech, in which he reviewed the relative responsibilities of the Surgeon and Commander, and spoke of the injustice perpetrated in the case of the former. The resolutions were discussed by several other delegates, and were finally adopted.

The convention then adjourned till 9 o'clock tomorrow morning.

SECOND DAY.

The minutes of the previous sessions were read and approved.

A large number of additional members from several States were announced as having arrived and registered their names as delegates, including a large number of physicians and surgeons of this city.

The following gentlemen were admitted as permanent members of the association, by invitation:

Dr. J. H. Foster, Libertyville, Ill.; W. G. Miller, Rockford, Illinois; J. A. Brown, Kankakee City, Illinois.

The following permanent members of the association were elected:

Tiffin Sinks, Leavenworth, Kansas; W. C. Hall, Fayetteville, Ohio; Hiram Wanzer, Chicago, Ill.; H. K. Dean, Maunkport, Ind.; H. C. Robbins, Newark, Ill.; E. J. Duffield, Woodstock, Ill.; W. Jaynes, Yankton, Dakota Territory; C. M. Clark, Galva, Ill.

The reports of committees being in order, on motion, that of the committee on medical education was postponed until the afternoon session.

The committee on appointments made their report, which, on motion, was accepted. Pending its adoption, it proposing Baltimore, Maryland, as the next place of meeting, considerable discussion arose, various members proposing different places. The question finally resolved itself into a choice between Baltimore and New York city, the latter place was unanimously voted for as the place for holding the next meeting.

The balance of the report, concerning the officers of the next meeting committees, etc., was referred back to the committee, for reconstruction rendered necessary by the substitution of New York for Baltimore.

On motion, a committee consisting of one member from each State, was appointed to investigate and report upon the present, and a better, ambulance system in the army of the United States.

A resolution of thanks to Dr. WILSON JEWELL, late acting President, for the able and dignified manner in which he has presided over the deliberations of the association, was unanimously adopted.

A resolution, requiring the appointment of a committee to urge the compulsory vaccination of every person in the United States, was referred to the section of Hygiene.

The report of Dr. A. K. GARDNER, of New York, regarding the use and abuse of pessaries, the reading of which was yesterday postponed until this morning, was called up, as next in order, and on motion, the reading of it postponed until next year.

The committee appointed to prepare suitable resolutions appropriate to the loss of the association by the death of its late President, the late Dr. Eli Ives, of Connecticut, made their report, which, after a slight amendment, was adopted.

The committee on Voluntary Communications presented an abstract of a paper by Dr. ANDREWS, of Chicago, on "Diatheses—Their Surgical Relations," which was read by the author. Approved, and referred to the committee of Publication.

This paper of Dr. Andrews called upon Dr. HIBBARD, of Indiana, who combated, in rather a lengthy speech, some of the principal features presented.

Dr. Andrews replied, in support of his arguments and statements, developing, from his experience, the truth of the position which he assumed.

Other members participated in the discussion.

The meetings of Sections having been abolished, the president appointed as the committee on Compulsory Vaccination, which had previously been referred to the section on Hygiene, Drs. Hibbard, of Indiana, Jewett, of Pennsylvania, and Griscom, of New York.

The meeting adjourned.

THIRD DAY.

The convention convened at 9 o'clock. After a partial reading of the minutes, the further reading was dispensed with.

The following gentlemen were admitted permanent members by invitation; Isaac Snyder, Jackson, Mich.; R. B. Treat, Janesville, Wis.; Granville S. Thomas, Joliet, Illinois; J. S. Pashley, Osceola, Illinois.

Voluntary communications were presented by Dr. HENRY G. DAVIS, of New York, on The American Method of Treating Diseases of the Joints, and by Dr. A. FISHER, of Chicago, on The use of Sulphites of Lime and Soda in the Treatment of Hospital Gangrene, Traumatic Erysipelas, Pyæmia, etc.

The president having announced that the order of the Surgeon-General, U. S. A., debarring calomel and tartar emetic from the use of army surgeons, and which was previously referred to a committee, was in order, by consent of the association the committee on the subject offered a substitute for the resolution introduced yesterday.

There is a strong feeling manifested in the association against this famous order No. 6, of Surgeon-General HAMMOND, and it has more than once been referred to with expressions savoring more of opposition than approval.

Pending the discussion, previous to the vote, Dr. COX, of the army, said substantially as follows:

While the association had the right to protest against the order of the Surgeon-General, he wished it to remember that the order referred exclusively to the corps of army surgeons under his control, and had no reference to the use of those drugs in private practice. The order originated in the abuse of calomel by a number of incompetent surgeons in the army, appointed by the Governors of the several States, who consider the liver the pack-horse of the human system. The Medical Bureau of the United States comprises men of science, who understand

how far the evil has been perpetrated and the necessity of correcting its abuses. The fact that other mercurials have not been interfered with, shows how great the necessity that exists for an order so apparently sweeping, and which the association deems so necessary.

He did not desire to protract the debate, but felt it due his profession to say something before the final vote should be taken. He was not up either to defend or condemn the order. In a long practice he had seen the abuse of calomel in improper hands, as well as its benefits from its legitimate and judicious use. He wished a discrimination to be made between the propriety of the order and the motives of the Surgeon-General. That gentleman's high character and motives are not to be questioned in this or any other public body. He deserved the thanks of the profession for the wholesome interest he had taken in the subject.

Dr. Cox's position called up several members in reply. Calomel had fallen under the ban of an "unwise, unnecessary and unprofessional" order, and that order received animadversion, ridicule, and unstinted opposition. The discussion became general, and while some desired to place no obstacles in the field, their opinion of the order was of a character that culminated in the following resolutions, which were adopted:

Resolved, That from evidence within our possession, we can but entertain the conviction that the Surgeon-General of the United States army has been led into expressions, in order No. 6, which will convey errors respecting the abuse of calomel in the army, and we feel called upon to protect, so far as in our power, the reputation of the intelligent and self-sacrificing medical officers from the implied imputation of such general mal-practice.

Resolved, That while regarding spanæmic medicines, particularly calomel and tartar emetic, when freely administered to soldiers in the field, the camp or the hospital, where unfavorable hygienic conditions so commonly cause depressed and asthenic conditions of the system, as being very often productive of injuries; yet, that these articles, when judiciously employed, are useful, is a proposition according with the general opinion of the profession; and, as abuse of an article is no just argument against its proper use, it is, in the judgment of this body, to be regretted that the object of correcting these abuses was not sought to be effected by an order of caution upon the subject, and by dismissing from the service those disregarding such caution, and not by the extraordinary, and, as we think, unjustifiable course of endeavoring to prevent, entirely, the use of the articles, though liable to abuse, as are all other powerful agents, yet which are well established in professional confidence as capable of useful application.

(Signed) L. M. Lawson,
Chairman.

The entire report, giving a history and details of the subject, in the same spirit, was also adopted.

On motion, it was resolved that a copy of the above resolutions be forwarded to the President of the United States, the Surgeon-General, U. S. A., and the Secretary of War.

The Nominating Committee reported the following officers of the association for the present year:

Secretaries—Dr. H. A. Johnson, Ill.; Guido Furman, N. Y.

Committee of Arrangements—Drs. James Andrews, M. Blakeman, T. M. Markoe, T. C. Finnell, Austin Flint, jr., E. S. F. Arnold, J. H. Griscom.

Committee on Prize Essays—Drs. D. F. Condie, Pa.; E. Wallace, Pa.; Wilson Jewell, Pa.; E. R. Peaslee, N. Y.; Alfred Stillé, Pa.

Committee on Medical Education—Drs. J. C. Dalton, N. Y.; M. L. Linton, Mo.; John Frissell, Va.; Howard Townsend, N. Y.; W. H. Byford, Ill.

Committee on Medical Literature—Drs. L. M. Lawson, Ohio; E. L. McGugin, Iowa; Wm. Mayberry, Pa.; H. Noble, Ill.; John Homans, Mass.

Committee on Publication—Drs. F. G. Smith, Chairman; Caspar Wistar, Edward Hartshorne, Pa.; H. F. Askew, Del.; S. G. Hubbard, Conn.; H. A. Johnson, Ill.; Guido Furman, N. Y.

Committee on Insanity—Drs. Ralph Hills, Ohio; C. H. Nichols, D. C.; D. P. Bissell, N. Y.; S. W. Butler, Pa.; John S. Butler, Conn.

A number of reports were submitted from committees, and papers read on various subjects.

Dr. Cox, of the army, offered two resolutions, one of thanks to the citizens of Chicago, for their kindness and hospitality shown to members of the association during its sessions here, and another of thanks to the retiring secretary, Dr. Hubbard, for his able and faithful services.

The amendments to the constitution of the association, proposed at the last meeting, were called up and discussed, and so far carried as to fix the time of the next meeting on the first Tuesday of next June.

A complimentary resolution, thanking the President and Secretary for their services, was adopted.

The following gentlemen, on motion of the Committee of Arrangements, were elected permanent members of the association:

L. H. Cary, Toledo, Iowa; Horatio Hitchcock, Chicago; L. F. Warne, Chicago; L. P. Cheney, Chicago; C. W. Shumway, Chicago.

AFTERNOON SESSION.

The convention assembled at three o'clock. The minutes of the morning session were read and approved.

Communications were read from Dr. Russel, of Ohio, and Dr. Seger, of Michigan, informing the committee of their inability to attend its sessions, and asked to be relieved from service on special committees.

On motion they were excused from any further service.

Dr. Davis, of Chicago, read an amendment to the constitution of the association providing for the appointment of a permanent secretary, which was laid over until the next session under the rules.

The nominating committee then read a further report of the appointment of committees on specialties.

Dr. Arnold offered the following:

Whereas, The railroad is fast becoming the great medium of travel in all parts of the world; and whereas, in spite of all regulations and care, serious accidents are continually occurring, attended with loss of life, such being greatly exaggerated by the total want of any local medical provision to meet such, as well as by the absence of any appliances whatever, calculated to strengthen the hands of the Surgeon; therefore be it

Resolved, That it is expedient that such medical provision should be made by the railroads, and that by the diminution of suffering, as well as by the saving of life, while economy would accrue to the railroad companies and the interests of humanity be greatly served.

The resolution was adopted.

The committee appointed to draft a memorial to Congress relative to army surgeons, reported a lengthy document recommending that the rank of the surgeons be increased, and urging Congress to make a liberal increase in their salaries in order to procure men who are competent for the trust.

After discussion, the resolution was adopted unanimously.

On motion, the secretaries were instructed to have the memorial printed, and forward a copy of the same to the several members of Congress.

After making arrangements for the entertainment of the delegates in the evening, the convention adjourned.

EDITORIAL DEPARTMENT.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JUNE 13, 1863.

AMERICAN MEDICAL ASSOCIATION.

To the exclusion of much other material, we devote a very large part of this issue of the REPORTER to a publication of the Minutes of the American Medical Association, which held its Fourteenth Annual Session in Chicago last week.

In spite of the predictions of one or two who were fearful of the professional advancement of others, that the meeting would be a failure, and all that, it was a decided success, and a very pleasant, harmonious and useful meeting. It is noticeable that the chief opponent of the meeting threw the weight of his influence, and sought advancement in an entirely different direction, outside, indeed, of the interests of his profession.

Comment on the proceedings of the meeting are necessarily reserved. For the means of thus early presenting an account of the proceedings, we are indebted to Dr. WM. MAYBERRY, of this city, and Dr. N. S. DAVIS, of Chicago, who very kindly forwarded us papers containing full minutes of the meeting.

HEALTH OF THE ARMY.

As the sickly season of the year approaches, it becomes a matter of great interest as to the probability of there being much sickness in the army. There are several hundred thousand of our citizens exposed to the changes and vicissitudes incident to camp life, and to long and weary marches. We all remember how many thousands last year filled the hospitals throughout the North, and how many others, broken down in health, and useless to the service were discharged, and returned to their homes, many of them to die, and others incapacitated from supporting themselves by the labor of their hands.

It is well known, too, that judicious sanitary measures seasonably adopted, prevented much sickness and loss of life where it was reasonably to be expected that both would be great. Thus while yellow fever prevailed extensively and very fatally in Wilmington, N. C., and other places in the South, not a single case occurred in New Orleans, where it prevails more or less every year, and but a few isolated cases occurred at other military posts held by the United States troops.

The exemption of New Orleans from an epidemic of yellow fever, was undoubtedly due to the very judicious and stringent sanitary measures adopted by Gen. B. F. BUTLER, then in command of that department, who had the streets, lanes, alleys, levees, and tenement and other houses put into a perfect sanitary condition, and who enforced a rigid quarantine. So, in the department of South Carolina, rigid sanitary measures were adopted, which, for most of the season exempted the posts in Port Royal harbor from a prevalence of the disease, though, in consequence of a little carelessness toward the latter part of the season, a few cases occurred.

We lately published a sanitary order of Gen. HUNTER'S of the Department of the South, having his Headquarters in Port Royal harbor, S. C., and doubt not that the commanders of all the departments on the South Atlantic and the Gulf of Mexico, will take such measures as will protect them from epidemic diseases of all kinds. Much responsibility in this connection rests upon them.

As to general sickness in the army, the probability is, that there will be much less than there was last year. There are many reasons for this, among them are the following: The army is weeded of much of the unsound material it contained last year—the youth and broken constitutions. The army surgeons have learned lessons in sanitary matters from the experience of the past year, and will be likely to adopt measures accordingly. The probability is that there will be no Yorktown and Chicahominy campaigns this year, which were so terribly destructive to life and health in the army of the Potomac in 1862.

The present prospect in the West is, that the armies in that region will this year be operating in healthier regions than last. And finally, the men of which our army is at present composed, have become accustomed to the duties and exposures incident to the life of a soldier.

It may be thought that the conscription now in progress will produce more material to swell the

mortality lists, and fill the military hospitals. To a certain extent this may be true, but the conscripted men will be likely to be stronger and healthier than the volunteers were. Those who are drafted will be apt to take pains to prove their exemption, if any cause exists, and as strict medical examinations will be made, we have no doubt that the new army now being raised will be composed of sound and healthy men, many of whom will, indeed, have already had some experience of the life of a soldier in the two years and the nine months regiments, whose terms of service are just expiring.

Correspondence.

FOREIGN.

LETTER FROM W. N. COTE, M. D.

Geneva, *Feb.* 9, 1863.

Air During Sleep.

M. Delbruck, of Germany, has made some researches on the quantity of air required for breathing during sleep. It strikes him as singular that, while all medical men are unanimous in prescribing several cubic feet of pure air for each person sleeping in a room as absolutely indispensable for health, all animals appear to shun the open air as much as possible in order to compose themselves to sleep. Thus the lion and tiger retire to some dark cavern where the air is confined. The dog goes to his kennel, and thrusts his snout under his belly,—birds, to which open air would appear to be a necessity, whether asleep or awake, retire to some private corner and put their heads under their wings. Nay, what does the school-boy do, when left in a dormitory aired with particular care? If he finds he cannot fall asleep, the first thing he does is to bury his head under the bed-clothes. Hence, M. Delbruck concludes, that if, when awake, we exhale a quantity of carbonic acid, we must inhale a certain quantity of this gas during sleep, just as plants exhale by day the oxygen they absorb during the night.

Analysis of Milk.

Milk has been so often analysed, that it would seem no further facts could be elicited regarding this important liquid. Professor Bœdecker, however, has just completed a series of experiments conducted on quite a new principle. The question he proposed to himself was, whether milk obtained at any hour of the day, always presented the same chemical composition or not—and he has arrived at the result that the milk of the evening is richer by 3 per cent. than that of the morning—the latter containing only 10 per cent. of solid matter, and the former 13 per cent. the other hand, the water contained in milk diminishes by 3 per cent. in the course of the day—in the morning it contains 89 per cent. of water, and only 86 per cent. in the evening. The fatty particles increase gradually as the day wears on. In the morning they amount to 2.17 per cent., at noon, to 2.63, and in the evening to 3.42 per cent. This circumstance, if true, would be very important in a practical point of view. Let us suppose a pint of milk to yield only the sixth part of its weight in butter—then the milk of the evening may yield double that quantity. The caseous particles are also more abundant in the evening than in the morning—from 2.24 they increase to 2.70 per cent. But the quantity of albumen diminishes from 0.44 to 0.31. The cerum is less abundant at midnight than at noon, being 4.19 per cent. in the former case, and 4.72 in the latter.

Triplets.

A woman at Rouen was recently delivered of three male children, all three died within the two days following their birth. According to the statistical tables drawn up at the Maternité Hospital at Paris, five triple births had occurred in 37,441 accouchments, that is, about 1 in 7,000.

Thallium.

The report on the new metal thallium by the Commission appointed by the Academy of Sciences to examine M. Lamy's labors on the subject, was read to that learned body the other day by M. Dumas. It is observed in this report that the discovery of thallium by the bright green band which it produces in the specluum, is but the consequence of MM. Bunsen and Kirchhoff's discovery of spectral analysis, but that the singular and contradictory properties of the new metal, render it as great an anomaly in chemistry, as the ornithorhynchus is in natural history. The report then goes on to say that no one denies Mr. Crookes to have been the first to see the characteristic green band in the residues of certain seleniums, and, subsequently to the 30th March, 1861, to have discovered the new element in a specimen of the sulphur of Lipari and in a Spanish Flint, as also to have pointed out and named thallium as a new simple body—but that, on the other hand, it is equally certain that M. Lamy has been the first to obtain pure thallium, and to show that it was not a metalloid similar to selenium or tellurium as Mr. Crookes thought (he having not obtained it in a free state and pure,) but that it was a real metal—that M. Lamy, on the 10th of June last, produced in Mr. Crookes' presence, a fine ingot of thallium before the jury of the Great Exhibition for the section of chemistry, and that Mr. Crookes, not having at the time thought proper to advance any claim, or to invite the jury to visit his laboratory in order to prove that the metallic properties of thallium had been previously ascertained by himself, he had no right, a week later, to hand in a paper asserting his previous knowledge of the facts discovered by M. Lamy. As you see, this is a question of *meum* and *tuum*.

Turning to the metal itself, the report then recapi-

tulates the properties of thallium, most of which I mentioned in a preceding letter, as for instance, its all but complete chemical identity with lead, which rendered its discovery extremely difficult. It is not, however, so blue as lead, nor so white as silver, but resembles tin or aluminium in color. It becomes soft at the temperature of boiling water, and a modification of its particles then takes place, causing the surface to assume the appearance of being watered. Under the action of the blow-pipe, thallium melts rapidly and absorbs oxygen, emitting a kind of smoke without any smell, or at most that of lampblack. This smoke is sometimes white, at others a mixture of reddish and violet tints. When the ingot is allowed to cool, it becomes covered with small drops of volatilized metal. While aluminium is insensible to nitric acid, but rapidly soluble in hydrochloric acid, the direct contrary is the case with thallium. This metal, judging from the solar spectrum does not appear to form part of the sun's atmosphere. Thallium is essentially an alkaline metal, being the last term of a series of six, beginning with lithium. Its equivalent weight is 204, its atomic volume 85.

Asylums for Insane and Aged in Paris.

The *Gazette des Hôspitaux* says that the Hospice de la Saltpétrière at Paris, has been purchased by the Orleans Railway for the enlargement of their terminus, and that the Council General of Seine is about to erect an Asylum for Lunatics at St. Anne's farm, near Bicetre. Two estates, one of 720 acres, near Neuilly-sur-Marne, (Seine-et-Oise,) and the other of 275 acres, near Epinay-sur-Orge, in the same department, have, it is said, been purchased by the Council General of Seine, and are to be laid out, and detached pavilions constructed as asylums for lunatics of the wealthier classes. An asylum for aged women will also be established in the environs of Paris.

Temperature.

M. Becquerel communicates further researches of his on the temperature of the air at a great height, compared with that of the superficial strata in contact with the earth's surface. These researches, conducted with both the electric and common thermometers, lead to the following result: That every place on the globe has two different mean temperatures, one independent of terrestrial radiation, the other entirely dependent upon it. The latter M. Becquerel calls *climateric*, because it serves to characterize the climate with regard to temperature. The former, which is obtained by placing the thermometer at a certain height above the ground, varies with latitude —the other is obtained by taking the average of observations made at different points of the place experimented on. In England, where the quantity of rain is about the same in each season, the difference between the two temperatures is zero. In Germany and Sweden, where there is more rain in summer than in winter, springs have a higher temperature than the average of the place. In Norway and Italy where winters are rainy, the temperature of springs is lower.

New Method of Amputating,

Dr. Chassaignac, Surgeon to the Hôpital Lariboisière in Paris, has published a paper in the Medical Journals on a new method of his for amputating limbs without the aid of the knife. For this purpose he uses what he calls a *caustic bracelet*, consisting of a ring, round which are placed little crystal cups of a rectangular form. The ring is applied to the exact place where the amputation is to be made. A pledget of lint impregnated with a solution of perchloride of iron at 35 degrees, is placed above and under the ring, and the cups are then charged with fragments of the Filhos caustic. The limb to be amputated is subjected to a considerable degree of compression, which removes some portion of the liquids of the body from the diseased part. As the caustic proceeds in its action, copious bleeding might occur, to remedy which, the operator or his assistants, exercise a digital pressure on the principal artery until the operation is completed. There is considerable difference in the behavior of a muscle separated by the knife, or by the action of the caustic. In the first case it contracts, and a large interval is left between the two parts that have been divided. But under the action of the caustic the muscle does not recede either way. Dr. Chassaignac has tried his method twice, in cases when the patients were so feeble as to render ordinary amputation extremely dangerous, in both cases the operation was crowned with success. The bracelet in one case was applied five times for twelve hours each, before all the soft parts could be eaten away by the caustic. As soon as the bone became apparent, it was cut through by means of the chain-saw. It now remains to be seen whether this novel way of amputating limbs will meet with all the success expected by its originator.

News and Miscellany.

Pension Examining Surgeon.

Pennsylvania.—Dr. Jacob Ritter, Liverpool.

Death of Dr. D'Arcy.

The following resolutions were passed at a meeting of the Jersey Co. Ill. Medical Society. We learn that Dr. D'Arcy left a fortune of about two hundred thousand dollars.

At a meeting of the Jersey County Medical Society, held at the residence of Dr. White, on the evening of the 26th of April, 1863, called on the occasion of the death of Dr. D'Arcy, President of the Society.

Dr. Hutchinson was called to the chair. After some preliminary business, Drs. Bringhurst and White were appointed a committee on resolutions of respect and condolence.

Society adjourned until the next day at 2 o'clock, P. M.

Met on the 27th, pursuant to adjournment, at the residence of Dr. Hamilton, when the following preamble and resolutions were reported and adopted:

Whereas, in the providence of God, we are this day called upon to mourn the loss of our most beloved and respected brother, Dr. Edward A. D'Arcy, whose ample worth, mature judgment and vigorous mind have for years been our chief reliance for assistance and counsel in the arduous duties of our profession; therefore be it

Resolved, That in the death of Dr. D'Arcy, this community has sustained a loss which must be felt while the present generation lasts. That as a Physician and Surgeon, we recognize him as having held the first place amongst us, and mourn his departure as sons mourn the loss of a father. That as an illustrious instance of perseverence in the study of his profession, even up to the day of his death, we emulate his example; and, in his death, feel that we are deprived of one whose advice, matured by years of careful observation, was always kindly given and always reliable.

Resolved, That while we mourn our great loss, we offer to his bereaved family our heartfelt condolence, for theirs, which is greater, even irreparable.

Resolved, That a copy of the foregoing preamble and resolutions be transmitted to the family of the deceased, and to the *Democratic Union*, for publication.

L. A. BREWSTER,
Secretary.

ANSWERS TO CORRESPONDENTS.

☞ *Correspondents will please notice our reiterated request to give their full address in their communications to us. Our correspondence is very extensive, and it is necessary for us always to know the Town, County and* State *from whence their letters are sent.*

Dr. W. B. T., Pa.—We will furnish the volumes of the Reporter you need to complete your files for $10, unbound, or $14 bound. They could be sent to you by express, at an additional cost of about a dollar. We have very few of the earlier volumes left now.

Dr. J. S. A., Pa.—The London *Lancet* (republication) is issued monthly, and gives cases, particularly those of a surgical nature, in detail. *Braithwaite's Retrospect* is a half-yearly summary of all departments of medical science. Though both are exceedingly valuable, the latter would perhaps be the most useful to you.

New Sydenham Society's Publications.—In response to several inquiries in regard to these publications, we publish the following note from the Hon. Secretary, Dr. Dunglison, which, we doubt not, will be satisfactory:

U. S. General Hospital, 16th & Filbert Sts.,
Philadelphia, *June* 5, 1863.

Dr. S. W. Butler, *Editor.*

Dear Sir:—In answer to your letter of the 3d inst, which I have just received, I have to state that the receipt of the volumes due the members has been unavoidably delayed, but that I expect to have it in my power to place them in their hands during the present month, or, at the latest, in July.

Truly yours,
Rich'd J. Dunglison.

MARRIED.

Armstrong—Birdsall.—Thursday morning, June 4th, by Rev. Andrew Longacre, William Armstrong, M.D., and Hannah Birdsall, all of this city.

Goddard—Van Syckel.—On the 4th inst., by the Rev. Kingston Goddard, D.D., Dr. Kingston Goddard, Jr., and Miss Helen Van Syckel, daughter of the late Elijah Van Syckel, Esq, of this city.

Jackson—Cartwright—At the British Consulate, New Orleans, and afterwards by the Rev. L. Y. Jessup, D D, J. Norman Jackson and Anna Mercer, youngest daughter of the late Dr. Samuel A. Cartwright.

Moss—Noronha.—On the 8th instant, by Mayor Henry, and at St. Mark's Church, by the Rev. Stephens Parker, Surgeon William Moss, U. S. V., and Miss Mary Noronha.

DIED.

Hart.—On Thursday evening, June 4th, Ella J., wife of Byron Hart, M.D., and daughter of S. Levine.

Hartman—Fell at the battle of Chancellorsville, Va., May 3d, 1863, Surgeon C. A. Hartman, M.D., of Cleveland, Ohio. The name of Dr. Hartman has been long familiar to medical men. He was an intelligent man, a a long time a collaborator of the Cincinnati Lancet and Observer, and other journals.

Jewell.—At Clinton, Louisiana, on the 21st day of April, of typhoid fever, William Henry Jewell, son of Dr. Wilson and Rachel Jewell, of this city.

Price.—At Cold Spring, Cape May county, N. J., May 21st, 1863, Rev. John Price, æt. 70 years. Mr. Price was father of Dr. T. T. Price, of Tuckerton, N. J.

Watson.—On Wednesday morning, June 3, after a lingering illness, John Watson, M.D., of this city.

METEOROLOGY.

June	1,	2,	3,	4,	5,	6,	7.
Wind	N. W.	N.	N. W.	N. W.	S. E.	N. E.	N.
Weather	Clear.	Clear.	Clear. Shower.	Clear.	Clear.	Clear, rain in night.	Clear.
Depth Rain						3–10	
Thermometer							
Minimum	58°	54°	51°	50°	53°	53°	52°
At 8 A. M.	72	68	63	61	64	61	60
At 12 M.	78	71	68	67	73	69	66
At 3 P. M.	78	74	71	71	72	74	66
Mean	76	71	67.3	66.3	69.7	68	64
Barometer.							
At 12 M.	29.6	29.9	29.9	30	30.1	30.1	30

VITAL STATISTICS.

	Philadelphia. Week ending June 6.	Baltimore. Week ending May	Boston. Week ending May 30.	New York. Week ending June 1.
Population in 1860	565,529	212,418	177,812	805,651
Mortality.				
Male	139	...	41	179
Female	114	...	30	168
Adults	125	...	41	170
Under 15 years	121	...	...	177
Under 2 years	80	...	...	124
Total	253	...	71	347
Deaths in 100,000	.....	...	39.93	....
American	183	...	44	208
Foreign	53	...	27	139
Negro	13	...	...	5
I.—Zymotic Diseases.				
Cholera, Asiatic	...	...	...	...
Cholera Infantum	1	...	1	...
Cholera Morbus	1	...	1	...
Croup	5	...	2	13
Diarrhœa	3	...	...	10
Diphtheria	4	...	2	9
Dysentery	2	...	...	...
Erysipelas	3	...	...	4
Fever, Intermittent	...	...	...	...
Fever, Remittent	1	...	...	...
Fever, Scarlet	4	...	1	7
Fever, Typhoid	6	...	...	9
Fever, Typhus	1	...	...	...
Fever, Yellow	...	...	...	...
Hooping-cough	2	...	1	...
Influenza	...	...	...	...
Measles	4	...	1	6
Small Pox	1	...	1	...
Syphilis	3	...	...	...
Thrush	...	...	...	...
II.—Sporadic Diseases.				
Albuminuria	...	...	...	...
Apoplexy	3	...	...	8
Consumption	41	...	13	50
Convulsions	18	...	2	24
Dropsy	9	...	3	11
Gun-shot Wounds	4	...	...	...
Intemperance	1	...	2	...
Marasmus	3	...	3	14
Pleurisy	...	...	1	...
Pneumonia	...	...	...	...
Puerperal Fever	2	...	1	...
Scrofula	1	...	...	...
Violence and Accidents	7	...	2	41

NOTICES.

The Medical Society of the State of Pennsylvania.

Will hold its Fourteenth Annual Session in Philadelphia, on the second Wednesday, 10th of June, at 11, A. M.

J. H. Smaltz,
J. M. Stevenson,
Recording Secretaries.

Ohio State Medical Society.

The Eighteenth Annual Meeting of the Ohio State Medical Society will be held at White Sulphur Springs, on Tuesday, June 16th. *Will some member furnish us an account of the meeting for publication?*

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

THOUGHTS ON PRESCRIBING.

A Plea for the Patient.

By Edward Parrish.

Of Philadelphia.

No. 1.

The rod is now but seldom resorted to as a means of family discipline among the intelligent and refined; hapily it is fast giving way to a mild and more effectual government, by reason and the affections. The rational method of punishment which visits upon every dereliction its natural penalty is so obviously preferable, that it is only among the ignorant, the brutal or the thoughtless, that unreasoning force is ever resorted to as the means of avoiding the dangers of inexperience or the evils resulting from natural perversity.

With this relic of barbarism should we not associate that method of punishment practiced on the children of former generations, and many in our own, compelling them to atone for the *crime* of being sick by the involuntary *penance* of taking disgusting physic? The argument has been used against the use in anæsthetics of midwifery, that it was an unwarranted attempt to escape the inevitable law of suffering entailed upon the gentler sex; so we suppose it might be argued that our children, if not subjected to annoyances while young, might grow up with too little of stoic indifference to the "good and ill which chequer life." For my part, I think that life has so many necessary pains and penalties, that a sound philosophy looks to removing all avoidable ones, especially from that period which life normally joyous, and in which perfect development is so dependent on this very joyousness. He who would purposely cloud the sunshine of youth must be not only a cynical philosopher but a poor physiologist.

It would be hard to estimate the effect on temper of the old-fashioned, compulsory dosing; to realize the downright spirit of rebellion that has been fostered in many a young and restless spirit, as some indomitable Mrs. Squeers, of Dothboy's Hall, has persistently inflicted her treacle and brimstone, or some still more horrible mixture, upon the unoffending victims under her dominion—thus much we know, that this, like many other evils in society, is in a fair way, if not to cure the children, at least to cure itself.

The reign of pellets, dragées, and troches, names all unknown to our venerable grandmothers, is now fairly upon us, and next to the natatorium, cricket, and calisthenics, we must certainly own these "good things" to be among the greatest aids in "bringing up" a family.

Who has not met with instances of intelligent people, as the world goes, who, while they resort to a skilled physician to relieve their own ailments, take into their confidence some pimp of a homœopath every time one of the children needs medical treatment? And these unsophisticated parents will tell you that they prefer their old family physician, whose judgment they have long tested, and whose experience fits him to be a wise counsellor, but they "can't get the children to take his medicines." It may do very well to sneer at this sort of argument, but whoever has seen the popular illustration, perhaps originally from Punch, of that very impassioned representative of free institutions, "Young America," will understand the trouble he makes when his nurse comes about with the castor-oil bottle, or tries the persuasive argument of turpentine or worm tea. Then again, the deception practiced, almost necessarily, upon children, to inveigle them into taking the nauseous doses prescribed for them, is deplorable to contemplate in view of the aptness of human nature to follow the example of the arch-deceiver, or of those who lend themselves to his arts. It is well the physician does not always bear a share in the accountability which must attach to this moral aspect of the subject.

The practical hints necessary to put the intelligent physician in the way of avoiding unnecessary annoyance to his juvenile and other patients, may be arranged under the following heads:

1. The choice of remedies. 2. The best form of preparation. 3. The judicious use of excipients. 4. The mode of administering medicines. I shall give a few remarks upon each head, referring the reader for further details to my work on Pharmacy, now under revision for the third edition.

The choice of remedies.—Bitterness is a great objection to a medicine for children; yet, unfortunately, the most important of tonic remedies, sulphate of quinia, is remarkable for its intense bitter taste. Saline and alkaline tastes are offensive to children, and hence for antacid purposes, we may make choice of chalk or magnesia, the former checking and the latter promoting the action of the bowels, both being insoluble and tasteless; the chief point to be attained, especially in the case of magnesia, is to select a perfectly smooth, not gritty preparation, such as Husband's or Henry's; given in milk these are scarcely observed by children. For infants, whose sense of taste is but little developed, bicarbonate of soda may be given in solution in mint-water, the proportion being usually half a drachm to four fluid ounces, (℥ss. to f℥iv.,) dose a teaspoonful, a very simple substitute for the numerous so-called carminatives, containing opium, peppermint, camphor, and other powerful medicines. For adults I should make choice of bicarbonate of potassa in place of the corresponding soda salt, and I know of no objection to this substitution, for children; it certainly secures greater efficiency, uniformity, and without much increase of taste. Saline cathartics are not generally relished by children; Epsom salts especially. We have an agreeable substitute for this in solution of citrate of magnesia. Cream of tartar is a rather pleasant cathartic, which, made into a kind of lemonade, will generally be taken without any difficulty. Children do not generally enjoy Seidlitz powders as some adults do.

Castor oil is a remedy of such rare good qualities that it seems difficult to substitute anything for it; but some adults would rather take the risk of a fatal termination of their sickness than resort to this nauseous medicine. The familiarity of the physician with the physical and sensible properties of remedies will enable him to choose from each class those which will be most likely to commend themselves to his patients. His success in the practice of his calling will be largely influenced by his attention to this matter.

The best form of preparation of a remedy is mainly determined by the solubility or insolubility of the medicine, and by its taste. Some little patients early learn to swallow a pill, and when this is the case, we have a chance to avoid the difficulty in question, but many children do not acquire this art, and we may then choose between powders and liquid forms; powders are only allowable when the ingredients are nearly tasteless, or may be disguised by sugar. Perhaps the best form of liquid preparation of quinia, with reference to disguising its taste, is the following:

℞. Quiniæ sulph. pulv., gr. xvj.
Acaciæ pulveris ℥ss.
Syrupi zingiberis, f℥ij. M.

Triturate the quinia and gum into a mixed powder, add the syrup of ginger and triturate into a uniform mixture; dose, a tea-spoonful, containing one grain of the quinia salt. A little tannic acid, if not contraindicated, may be added to obtund the bitterness. The method of dissolving the quinia salt by the use of aromatic sulphuric acid is calculated to promote its immediate effect, but heightens the taste, for a reason too often overlooked, but quite obvious on a moment's reflection; the more complete the contact with the tongue and mouth the more intense the sensation of taste or flavor, and of course in solution the contact is as complete as possible. Suspended in a very rich saccharine, mucilaginous liquid, as above, it glides over the tongue almost without touching it.

Oils, from their power of resisting admixture with water, can be floated down the throat with very little contact, but mixed with gum the emulsion is readily miscible with the saliva and its taste is realized to the full. Few children, however, are affected by the unpleasant taste of an oil if sufficient sugar is mixed with it. In emulsion—in fact, the key to the preparation of medicines for children is found in the free use of sugar—a candy can be made with castor oil instead of butter, which will be acceptable to children generally. Lozenges of any tasteless or insoluble substance will be taken with avidity. This is an especially good way of giving precipitated carbonate of iron, a good common chalybeate for children. I have dispensed thousands of boxes of iron lozenges, composed of 5 grains of precipitated carbonate with 15 grains of sugar, flavored with vanilla. For adults I have used Quevenne's metallic iron, which is not so tasteless, and to be agreeable, requires disguising with chocolate. The ferruginous chocolate drops contain one grain each of the officinal *ferri pulvis.*

Astringency, which is akin to bitterness, may be overcome pretty well by combining with plenty of sugar and suitable flavors. The astringent roseleaf, tablets and pastilles of chlorate of potassa, though less adapted to children than adults, are sometimes used instead of liquid forms. Citrate of potassa may be nicely given in lozenges, and the following is a good prescription for diaphoretic lozenges.

℞. Pulv. ipecac., gr. vj.
Potassæ citratis, ʒj,
P. ext. glycyrrh.,
Pulv. acaciæ, āā, ʒj ℈ij.
Ft. Trochisci, xxiv. M.
Dose for a child, one every two hours.

Laxative lozenges may easily be made by the use of a little podophyllin, combined with cream of tartar and a suitable flavoring ingredient; or confection of senna, if a good article is within reach, will furnish an agreeable laxative.

No anthelmintic medicine is now so popular as santonine, which, though not perfectly tasteless, is adapted to combining with sugar in the form of dragées. A suitable dose is from one to two grains. Certain "worm confections," which are much sold as nostrums, are made into a puffy mass by beating the sugar with white of egg; they seem to impress physicians as savoring too much of the confectioner's art for legitimate prescribing. Anthelmintics are, I think, less prescribed, as such, by physicians, than formerly, though still enjoying a wide popularity, among those outside of the profession

(To be continued.)

Observations on NERVOUS DEAFNESS.

By Laurence Turnbull, M. D.,
Of Philadelphia.

Symptoms.

[Continued from page 100.]

The first form which we will notice, is the hereditary, or the result of mental emotion. The notes of a case will describe the symptoms better than a simple enumeration.

J. M., æt. sixty, a native of England; by occupation, a manufacturer. He stated that he was totally deaf in the right ear for twenty-five years, and in the left for twelve years, and that the cause of the deafness was a sudden loss of property; but, upon close inquiry, he also stated that he has a brother and sister as deaf as himself. On testing his powers of hearing, by a variety of hearing trumpets, I found it was not increased by them, neither could he hear the watch when applied over his mastoid process, or between his teeth, Everything had to be written. If the floor was struck he felt the vibration. He has a constant noise as if a wheel was going round, all the time. General health, good.

Examination.—External meatus, normal; membra tympani, good color, no defect; eustachian tube, free; throat, pharynx, and uvula, slightly thickened and inflamed; tonsils not enlarged.

Has tried all kinds of treatment without benefit. He was sent to me by my friend, Dr. J. J. Woodward, U. S. A., while acting as Attending-Surgeon at the Dispensary of the University of Pennsylvania, (May 22, 1858.)

The second form is from *cold and its consequences*, and a case will best illustrate the symptoms.

R. W., aged 62, foreman in a large factory, was very much exposed during the winter (1859) followed by the repeated attacks of ordinary catarrh, which left him deaf, with no pain. He could hear my watch indistinctly close to the left ear, on the right rather better, but ordinary conversation in a room he could not hear. He has had a constant humming sound like a saw or planing mill in his ear. No member of his family deaf; his general health good.

Examination.—The external meatus normal, membrana tympani natural form; the handle of the malleus is readily seen; the eustachean tubes free. On shutting the nose and mouth and making the effort to swallow, the air is found to strike upon the membrana tympani in the middle ear by means of the otiscope.

In this case a great variety of treatment had been tried but without benefit.

We now come to the third variety of nervous deafness, arising from compression of the auditory nerve in the internal ear. There is severe and constant headache; vertigo noises of various kind within the ear; impaired sight, with or without weakness of the mental faculties, especially of the memory, etc.

The fourth variety, comprises a very large class of cases, the result of the poison of typhus, typhoid, and scarlet fever.

The following case will illustrate the class, the patient being an intelligent and well-educated physician in active practice, who consulted me in June, 1862. The only change from the normal condition of his ear was a slight opacity of the membrana tympani; he had consulted almost every distinguished physician and surgeon in this country, but without receiving any benefit. "My history, briefly stated, runs thus: When twelve or fourteen I had typhoid fever, was very low, lay six months, after which I have never been robust. From eighteen to twenty-six I was troubled greatly with dyspepsia for several years, much annoyed at times with general headache, took cold easily and which almost always affected my head. In the summer of 1851, I suffered much with dyspeptic constipation, with headache and a sense of fulness with great thirst, etc. In October of the same year I had a severe attack of congestion of the brain. In February or March of 1852, soon after a full dinner while setting in my room, an unpleasant sensation came into my right ear. The next day I had some ice-cold water poured into my ear, which produced severe pain for a moment, but since then I have never experienced but very slight pain in the ear. In the summer of 1859, I experienced a similar feeling as above described in my left ear; to either I have applied nothing except the water spoken of. I have done nothing

by any other medical treatment except to use for about two months the following mixture:

℞. Hydr. bichloridii, gr. ss.
Potassi iodidi, ℈ij.
Syr. sarsap. comp.,
Aquæ, āā, ℥iij. M.
Sig. A dessert-spoonful one half hour after breakfast and supper, with the occasional use of a mild laxative to keep the bowels open.

"In 1860 and 1861, I threw aside tobacco and coffee, both seemed to increase my difficulty of hearing and also increase the pain in the head."

In this case the original difficulty was the results of the fever, subsequently congestion in the region of the auditory nerve. No treatment has been of any benefit.

The fifth class of cases are the result of hysteria, and large doses of sulphate of quinine.

In the first you have all the usual symptoms of *hysteria* affecting all the senses, but especially the hearing, with intra-aural sounds, as buzzing, ringing of bells, etc. All parts of the ear appear healthy. In those cases produced by large doses of sulphate of quinine, the symptoms are obstinate headache accompanied by intra-aural noises, while the external and middle ear is often found healthy.

The sixth class of cases are the result of the poison of syphilis.

The following two cases will illustrate this class. The first seen in consultation with my friend, Dr. Condie, and the other from "Hutchinson."* John A. McC., aged 32, a bookbinder, of good general health, but almost totally deaf in both ears, born in United States, mother living and well, no other member of family deaf. It commenced in one ear, and according to the statement of his physician, he had secondary syphilis about this time and was treated by specific remedies for it, and recovered from all the symptoms but the deafness, which increased, involving the other ear. Has ringing in the ear as if had just heard the loud report of a cannon. No pain in head or ear.

Examination.—Cannot hear my watch in contact with his ear or over his mastoid process, but if I place it upon a board with his face down upon it, he can hear it; he also can hear at times the clock strike in the room, also the sound of cars or wagons in the street. External meatus of right ear normal; left ear narrowed. Some one he states advised the use of water of ammonia dropped into this ear, after he had become deaf, which caused a discharge and narrowing of membrana tympani, slight, opacity in both ears, and drier than natural. The eustachian tubes pervious. There is not disease sufficient to account for the state of extreme deafness. Throat red and inflamed, tonsils reduced to a nob. It is now some two years, and although Dr. C. has tried both specific and other treatment no improvement has resulted.

"Susan S., aged 13: aspect of syphilis fairly marked, and teeth characteristic. [Teeth converge toward each other, are very short, have a vertical notch or cleft in their free edges; not being so wide there as at their necks.] Numerous white deposits of long standing in both cornea. Both pupils notched and irregular when dilated with atropine. Nine brothers and sisters are living, none have died. The patient is the third, the two elder ones being girls; one of the elder ones has had inflamed eyes.

Deafness.—She began to lose her hearing in February, 1861. There was no discharge, and not any material earache. She was very much troubled with noises and singing in her ears. The left was rather the worse, but both were affected. She can now just hear a watch pressed over her right ear, but cannot hear it on the left. The ear is dry internally, but there is no other visible peculiarity. The tonsils are not enlarged.

"*General Comments.*—It will be seen that all of the cases (21) in which the ears were inspected go to support the belief that the deafness of syphilitic children is due either to disease of nerve itself, or to some changes in non-accessible parts of the auditory apparatus. Its symmetry in all the cases would point to a central cause. In none were there found adequate changes in the membrana tympani, although in none was that membrane quite normal. In all, the eustachian tubes were pervious, my belief therefore is, that the deafness in these cases is due either to disease of the nerves or of their distribution in the labyrinth. The cases constitute the analogues of syphilitic retinitis and of white atrophy of the optic nerves.

"With regard to the prognosis of heredito-syphilitic deafness, I believe that is unfavorable. When the disease was progressive I have rarely witnessed any permanent improvement or arrest. In most it has gone on to total loss of hearing, and this in several instances in spite of the cautious use of specific remedies almost from the beginning. From six months to a year would appear to be the usual time required for the completion of the process and the entire abolition of the function."

Diagnosis.

To arrive at a correct diagnosis we must first examine with care the auricle external meatus, membrana tympani, handle of the malleus, so as to discover any change in color or form from that found in a perfectly normal ear. Then follows in order the throat, uvula and tonsils, and the eustachian tube passing air through it, with the aid of

* A Clinical Memoir on certain Diseases of the Eye and Ear consequent on Inherited Syphilis. By Jonathan Hutchinson, F. R. C. S. London. John Churchill, 1863. pp. 182-183.

the catheter and explorer, with the otoscope to determine the internal condition of the tube by the insertion of air. The pharyngoscope should also be employed to see that the catheter enters the orifice of the eustachian tube. Then follows the diseases of the labyrinth, namely, acute and chronic inflammation, with inflammation of the facial nerve within the fallopian canal. By such means we reduce the number of affections of the inner ear producing deafness

Erhard in Germany, and Bonnafont in France, give the preference over this objective, and therefore perfectly reliable, even though negative diagnosis of (nervous) deafness to a so-called functional subjective, and therefore in a high degree unreliable, and at the same time merely negative diagnosis. Thus, according to Erhard, "the common physiologico-pathological symptom of all nervous deafness is a lessened conduction (of sound) by the bones of the head varying in degree, so that a cylinder watch is not heard, and a case watch only seldom and then only feebly." The uncertainty is further increased by the declaration, that "sound conducting power of the bones of the head is lessened with age, and also by a thick diploe, a thick scalp and soft parts;" that finally, "those persons only can be determined to be affected with nervous deafness whose conducting power of the bones of the head is deficient, and who are under forty years of age."

Bonnafon is still better satisfied with his means of diagnosis, for he believes, and takes credit to himself for having made a new and great diagnostic discovery. "That the sensibility of the auditory nerve must be perfectly normal if the watch is heard on all parts of the cranium;" and, "when the watch is heard only at the mastoid and zygomatic process, the hardness of hearing is still curable; if the watch is heard nowhere on the skull but the tuning-fork, (at the third octave,) is heard five centimetres from the ear, or at least at any point of the skull to which it may be applied, he considers the curability of the hardness of hearing as very doubtful; finally, if the tuning-fork is heard only a short distance from the ear, or when applied to the skull, the incurability of the functional disturbance of the ear cannot be doubted." Here again arises the difficulty that the patients themselves must determine whether they hear or do not hear the "watch or tuning fork."

Prognosis.

The prognosis in the six classes we have described is generally unfavorable, still there are cases which are improved by a rational mode of treatment, bearing in mind that *nervous deafness* is but a symptom in which we may have many different lesions, and that consequently the same means of treatment blindly or empirically applied to all cases cannot cure them all.

Treatment.

We know of no special remedies for *nervous deafness*, its treatment can only be founded upon a correct diagnosis and on general principles. Yet we would not consider our paper complete without directing the attention of our readers to our mode of treatment which we employ, but which is varied with every patient as they vary in age, constitution, habit, occupation, etc.

The treatment of the first class of cases consists in the application of ointment of tartrate of antimony and potassa over the mastoid process, with the use of alteratives and tonics. If these fail, and there is exalted sensibility, then we resort to use of sedatives and anodynes, applied to the eustachian tube, or to the external meatus. The morphia to be dissolved in acetic acid, to which is added a small portion eau de cologne and applied on a small pledget of cotton, or heat applied to it by means of a lamp and in an inhaler or Wolf's bottle. To produce stimulation with sedatives I employ, in the torpid form, chloroform or chloric æther, of which, from two to five drops are to be dropped into an evaporating vessel and the vapor passed into the ear, or acetic æther, which is so highly recommended by Kramer. If these means fail we occasionally resort to galvanism or electro-magnetism, applied every three days by means of Duchenne apparatus, but never in recent or acute cases.

In the second form the treatment is commenced by dry cupping below the ear, followed by tincture of iodine in front of the auricle, with the internal use of small doses of mass. hydr. in conjunction with quinia sulphatis, iodide of potassium, alternating with cod liver oil, with change of air to the sea-shore, or sponging with salt and water, or the use of the artificial sea salt bath of Hubbell.

In the third class of cases, if the patient is plethoric, we should employ both local and general depletion, followed by cholagogue and other purgatives and derivatives. Subsequently, external excitants, as sinapism vesicants, either of mustard or capsicum or the cantharidal collodium, paying special attention to the digestive, secretory, and excreting functions.

Of the fourth large class, the indications of treatment are to improve the general health, to apply local remedies to the ear and throat; nitric of silver in solution, or sulphate of copper or zinc, with mild counter-irritation. The internal use of colchicum, arsenic, or bi-chloride of mercury, or the iodide of potassium.

The fifth class is treated by nervines and tonics with the use of galvanism or electro-magnetism.

The sixth class of cases must be treated with

specific remedies but with great care, combining them with tonics, especially the tartrate of iron and potassa. If a cure is not affected within one year, the loss of hearing is usually permanent.

Hospital Reports.

Philadelphia Hospital,
February 21st, 1863.

Surgical Clinic of Prof. Gross.

Reported by *J. E. Owens*, M. D.

Anchylosis of Knee-joint.

J—— G——, aged twenty-one. This patient was operated on one year ago last November, for anchylosis of the knee-joint. The thigh-bone was perforated a short distance above the knee. The operation was followed by violent inflammation. Last March, during my term of service, a quantity of dead bone was removed. Upon coming on duty January 1st, 1863, there existed two large ulcers, one on each side, a little above the knee, for which we subscribed flaxseed poultices medicated with nitric acid lotion, in the proportion of ten drops to the ounce of water. The patient has been taking cod-liver oil, and has been compelled to remain in bed. Dr. Gross, in 1861, operated for anchylosis of the same joint, in which the patella was detached from its place, and the tibia from the femur. The man recovered without any untoward symptoms, with an excellent use of his limbs. He was discharged March 9th, cured.

Supernumerary Fingers.

R—— C——, colored, aged one month. This, gentlemen, is the child of a white mother. The case is of interest, as exhibiting supernumerary fingers. There is one on each hand attached to the outer side of the little finger. They are held merely by a pedicle of skin. It would be interesting to know whether or not the parents of this child were similarly affected, for these malformations are often observed in a number of members of the same family. Inasmuch as these will interfere with future usefulness, they are removed. The operation is performed with the scissors. There was some hemorrhage a day or two succeeding the operation, but in two weeks the wounds had entirely healed.

Ulcer of the Cornea.

E—— O'B——, aged thirty-four. The patient was admitted seven months ago. She had then so much pain in the right temple, as to interfere with sleep. There was considerable lachrymation. The right eye has been sore for eleven weeks. In looking at it, in front, you would suppose it to be healthy, but when you examine it angularly, a little speck, having an excavated appearance, is observed near the centre of the cornea. For the purposes of minute examinations of the eye, we must look at it at different angles. Ulcers of the cornea are generally attended with considerable pain, lachrymation, and intolerance of light. If their progress be not early checked, they may extend in depth until they cause perforation. Such an accident is followed by an escape of the aqueous humor, with prolapse of the iris. The affection may also lead to incurable opacity.

The cornea is as liable to inflammation as any other structure in the body, especially in conjunction with inflammation of the other tissues of the eye. When severely inflamed, you will notice more or less opacity, and numerous blood-vessels dipping down from the sclerotic coat. Dr. Gross is of the opinion that the corneal substance has its own blood-vessels.

We have here, then, a small ulcer attended with morbid sensibility to light. There was, when the patient was admitted, some contraction of the pupil, but it is now perfectly natural, readily responding to its normal stimulus. In cases like these, in this house, where the constitution of the patient has been broken down by intemperance, by bad food and exposure, we generally prescribe a tonic treatment from the first. In the rural districts, we commonly find the patients in an opposite condition. In the latter case, we usually adopt the antiphlogistic treatment. The patient is, at present, on the use of quinine and iron. The ulcer is touched every other day with a solution of nitrate of silver, in the proportion of ten grains to the ounce of water. When the eye is to be touched, a camel-hair brush is dipped into the solution, and the redundant fluid dashed from it, after which the ulcer is touched very lightly with the point of the brush. Sometimes the stick is used, cut down to a small point, when the eye is touched as quickly and as gently as possible. There is danger in the latter case of depositing too much of the solution. When there is pain in the temple, belladonna plaster is useful. Since the case is improving, we will continue the above-mentioned treatment. This patient was discharged March 12th, cured.

Ophthalmia.

T—— S——, aged thirty-one. This patient was admitted about two weeks ago. He has suffered with more or less inflammation of the eyes, for two years. During part of last summer, the inflammation, to a considerable degree, subsided; but it was lighted up again in the fall. His general health, at the time of the attack, was good. The patient is a waterman, but he was compelled, on account of his eyes, to give up his occupation. The eyelids, as well as the ball itself, he says, became much swollen; he could not bear the light; the pain was very severe. There was a profuse, purulent discharge which, drying upon the lids, glued them closely together. Before his admission into this house, he was cupped upon the temples, he was purged with salts, the eyelids were scarified, which removed the swelling. He informs us, however, that he was not at all restricted in his diet.

A full diet is not inconsistent with depletion in some cases, but in such a one as this the strictest abstinence must be observed. Had twenty-four ounces of blood been taken from the arm, I venture to say that the case would now be well, or, at all events, greatly improved. You have before you, gentlemen, a stout, robust patient, whose conjunctiva has the appearance of red flannel, a patient whose whole eye is inflamed and swollen. You take blood from the arm in a full, rapid stream, to syncope. You open the eye and see the conjunctiva blanched. This shows the effect of bleeding in such cases. You may give tartar emetic and veratrum viride until doomsday, and you will not produce such an effect. And so it is in regard to inflammation in other portions of the body.

The patient has now but little pain. The upper and lower lids of both eyes are thickly granulated and intensely red. The patient, in a word, has granular conjunctivitis. There is inflammation of the cornea with opacity, which is always the result of inflammation. He has also iritis and sclerotitis. Both eyes are in the same condition. The man sneezes frequently, in consequence of the sympathy that exists between the eye and the Schneiderian membrane. After examining diseases of the eye that are attended with discharge, be careful to wash the hands, as the secretions are sometimes inoculable.

We have here, then, general ophthalmia, all the structures being involved. His hands and feet are

warm, but he is very sensitive to cold; his bowels are regular; he sleeps well; he has now no pain; but when he was admitted, the pain was very severe, extending to the cheeks and far back into the eyes. When the inflammation is general, the pain is deep-seated, extending to the cheek and temple. The pain is sometimes confined to one half of the head, in which case it is termed hemicrania. The patient has taken calomel until his gums were slightly touched.

On two occasions, leeches have been applied to the eyes, nine to each eye. About this time he was put upon quinine and aromatic sulphuric acid, with Dover's powder, in twenty-grain doses, at night. When the patient came into the wards he was not in a condition for general blood-letting. Let him take the following pill every six hours:

℞. Quiniæ sulph., gr. iij.
Ferri sulph., gr. iss. M.

Let his diet be light, but nutritious. Every second day let the lids be everted, gently wiped, and then touched lightly with sulphate of copper, the redundant portion of the ball being washed with wet sponge pressed against the eyebrow. Let the secretions be kept in a proper condition, exclude the light, and use cold or tepid water, as may be most grateful to the patient. Apply to the edges of the lids an ointment composed of

℞. Ung. hydrarg. nitrat., 3j.
Cerat. simplicis, 3ij. M.

This will prevent their cohering.

February 25th. There is much less lachrymation, the lids do not cohere, there is less discharge from the eyes, there is no pain. The patient sleeps well. In the left eye the granulations seem more abundant. They are very red, and fret the eye. In such cases we must be careful of our prognosis. Let the patient know that he may lose the eye. There is no affection of the eye that requires more skill, or more experience on the part of the surgeon, than this. When the inflammation is of long standing, there is danger of the eyelids becoming inverted, constituting what is called entropion. We can readily imagine the amount of irritation and inflammation which such a condition may cause. Treatment continued.

March 25th. Such has been the violence of this inflammation, that the patient will probably lose his vision.

Medical Societies.

AMERICAN MEDICAL ASSOCIATION.

By a singular oversight, the entire minutes of the afternoon of the second day's meeting of the American Medical Association were omitted in our account of the proceedings published last week.

SECOND DAY, AFTERNOON SESSION,
Wednesday, June 3, 1863.

Acclimatization of Cinchona Plant.

The minutes of the morning session having been read and approved, Dr. J. MACGOWAN, Medical Missionary in China, according to a resolution passed this morning, was invited to address the association on the state of medical science in that empire. He explained to the meeting the professional bearings of his proposed scientific and industrial expedition to the unknown parts of Eastern Asia. Investigation in relation to the history of epidemics, into the materia medica, and into the ethnology of those lands, cannot fail to elicit many facts which promise to be of incalculable value to medicine and the collateral sciences. Dr. M. further expressed a hope that the association would take some measures to induce the Haytian Government to undertake the acclimatization of Cinchona trees (quinine plants). He gave an account of the success of the Dutch in Java, and of the English in India, and fully believes that in St. Domingo these invaluable plants might be readily cultivated, and thus secure additional supplies of this great remedy in fevers.

Dr. MACGOWAN has been in correspondence with the Haytian Ambassador, in Washington, on the subject, and solicits the influence of the profession, in urging the institution of the necessary experiments in those portions of America north of the equator, where the soil and climate seem to afford sufficient encouragement.

In the course of his remarks, the speaker gave an account of the standing of the medical profession in China and Japan, of their medical literature, etc., and also stated the remarkable facts that they have made many discoveries in the use of remedies for certain diseases, in some cases either actually the same or very similar to those discovered and used here.

On motion of Dr. COX, of Maryland, Dr. T. O. EDWARDS, of Chicago, was invited to a seat on the platform.

On motion of Dr. HUBBARD, of Connecticut, Dr. JONATHAN W. BROOKS, of Chicago, was elected a permanent member.

The Chairman of the Committee of Arrangements read a list of newly arrived delegates since the last report. He also proposed the following gentlemen as permanent members: Drs. I. B. Bushtell, Ind.; C. Truesdale, Ill.; W. R. Fox, Ill.; L. F. Warner, Ill.; M. Parker, Ill.; which were elected.

Drs. L. T. Havens, of Wisconsin, and C. J. Taggart, of Wisconsin, were invited to seats.

Report of Committee on Education.

Dr. COX, of Maryland, presented from the Committee on Medical Education the report which had been postponed from the morning session. He reviewed the past history of the profession in this respect, and the absence of proper attention to the subject. Many valuable suggestions as to needed improvements were also made. After the rendering of this report the Committee submitted the following resolutions, which, after discussion, were adopted:

Resolved, That a thorough preliminary education in English, Latin, mathematics and physics, constitutes an essential pre-requisite to the admission of a student of medicine into the office of a medical preceptor, or as a matriculant of a respectable medical college.

Resolved, That the advancement of medical education demands a more extended and symmetrical course of instruction in the colleges, and a more thorough and impartial examination for the degree of doctor of medicine than at present prevail.

Resolved, That medical jurisprudence and hygiene are highly important branches of medical science, deserving the careful consideration of all medical teachers and schools.

Resolved, That societies for medical improvement —State, district, and county—are important auxiliaries to the advancement and promotion of science, and are, therefore, highly recommended by this body, as valuable levers in the cause of medical education.

The Committee appointed to make a report upon the recent order of the Surgeon-General, prohibiting the use of mercurials and tartarized antimony by the army surgical corps, made a majority report through Dr. LAWSON, of Cincinnati, and an entirely antagonistic minority report by Dr. WOODWORTH, of Indiana. The former strongly favored the use of these remedial agents in the army, and the latter as strongly discountenanced their use there. Each report was backed up by resolutions rigidly endorsing the language of the report. After an animated discussion, on motion, adjourned.

The Anti-Calomel and Tartar Emetic Order.

Resolutions in place of those published last week:

Resolved, 1. That this Association condemn, as unwise and unnecessary, the circular of the Surgeon-General prohibiting the further supply of calomel and tartar emetic for use in the army; and that we regard such an order as an indignity to the military surgeons, while it is in direct opposition to the opinions of the regular profession of medicine.

Resolved, 2. That the withholding ordinary medicines from the army-surgeons implies a want of confidence in their skill as a body, which, if true, calls for the prompt interposition of the proper authorities; but if the imputation of a want of skill is unfounded, as we believe it is, the refusal to supply proper medicines is wholly unjustifiable.

Resolved, 3. That Circular No. 6 being impolitic and prejudicial to the interests of the service, it is the decided sense of this association, that a due regard for the welfare of the army requires, and we do, therefore, earnestly recommend, the recision of that circular, and the substitution of the more just and philosophical method of correcting abuses, if any exist, by holding each surgeon, individually responsible for the proper discharge of his appropriate duties.

MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

Fourteenth Annual Session.

The Society commenced its Annual Session at the University of Pennsylvania, in this city.

In the absence of the President, Dr. George F. Horton, of Bradford County, Dr. Trail Green of Northampton County, one of the Vice Presidents, occupied the chair.

First Day, Morning Session, Wednesday, *June* 10, 1863.

Dr. D. F. Condie extended to the delegates a hearty welcome to the session of the Society. The fact was alluded to of a gratifying increase in the representation at the present session, though a fuller delegation from the different sections of the State might have been expected. It was to be regretted that the efforts to bring about an organization into efficient working societies of the medical profession throughout the several counties should not have been crowned with more success, more especially as the failure has been in a measure if not entirely, attributable to the apathy of the physicians of the State in the movement, one with which their individual interests are so intimately involved. Complaints are frequently made of the slight regard evinced by the community for the rights of the physician; yet few of the latter are disposed to further an organization without which its rights cannot be successfully enforced, nor its more prominent interests promoted. The position of the medical man in this country is an anomalous one. Destitute of any legally recognized status, he is jostled and elbowed by a horde of irregular practitioners and ignorant pretenders, who, by the law, are actually placed upon the same level with himself. Medical education, as well as the decision in respect to the competency of all aspirants to the office of physician, is confided to teachers whose appointment emanates from self-perpetuating boards, composed not of medical men, but of those who have no interests in common with the profession; who have no means for testing the qualification for the faithful performance of their duties of those whom they license to teach, and who are as liable to be governed in their appointments by nepotism, prejudice or misconception, as by a sound judgment, and the sole desire to elevate the character and enhance the value of a profession to which is entrusted the health and the lives of the community. The speaker enlarged upon the advantages to accrue from the effective organization of the society, among which was the diffusing of a knowledge of the progress of medicine throughout the State, each member of the profession contributing his quota towards the augmentation of the general fund of medical knowledge. In conclusion, he hoped the members would unite their efforts to improve, as far as they could, the opportunity afforded them by the session; grateful that while so large a portion of our country is suffering from the distraction and misery incident to civil war, they were permitted to meet in quiet and security to take counsel as to the means by which their mission of mercy to the sick and suffering may be extended, and rendered more effective.

At the close of his address, Dr. Condie read a letter addressed to the chairman, from the attending physician of Dr. Horton, stating that the illness of the latter was an attack of bilious intermittent fever, and that, though the symptoms were somewhat favorable at the date of writing, the doctor was unable to leave his room.

The Committee of Arrangements recommended that the sessions of the society be held at 4 o'clock that afternoon, 10 A. M. on Thursday, and 10 A. M. on Friday; and that the society accept the invitations extended them to visit the Mower Hospital at Chestnut Hill; the Pennsylvania Institution for the Blind; the Pennsylvania Hospital for the Insane; the Academy of Natural Sciences, and the Academy of Fine Arts.

The report of the committee was adopted.

A communication from Dr. Joseph Hopkinson was read, stating that not only the members of the society, but their friends of the medical profession generally, would be gladly received on a visit to the hospital.

Dr. Fisler, of the Camden Medical Society, was received as a visitor from that body.

Drs. Raphael, Lee and Furman, of the New York State Medical Society, were received as delegates.

Dr. Thomas P. Corson, of Trenton, a representative of the New Jersey Medical Society, was admitted to a seat in the session.

The Chairman, Dr. Green, made a brief address, regretting the constrained absence of Dr. Horton, the President, and trusting that he would speedily be restored to health. In the meantime, in conducting the proceedings of the session, he hoped for the co-operation of the members.

A committee on credentials was appointed, consisting of Drs. Wilmer Worthington, of Chester; N. L. Hatfield, of Philadelphia, and Hiram Corson, of Montgomery. The Committee reported that 62 delegates were present. They represented Philadelphia, Susquehanna, Bradford, Berks, Beaver, Blair, Chester, Columbia, Northampton, Perry and other counties.

A committee of three was appointed to bring up any unfinished business laying over from the last session.

The Treasurer's report was then read, showing a balance from last report of $7 51. Receipts, $209; expenditure, $211 51; leaving a balance of $5 00. There are arrearages due from county societies to the amount of $112.

A committee was appointed to examine the accounts of the Treasurer, composed of Drs. Thomas, Raub and Allen.

The Committee on Credentials reported, in addition to their previous report, the names of persons as permanent members.

The delegates from the various counties then reported.

The following was adopted as offered by Dr. R. P. Thomas:

Resolved, That a committee consisting of one member from each county represented here, (whether by

a regular delegation or by gentlemen admitted as delegates from counties,) be appointed to nominate officers and censors of the society, and delegates to the American Medical Association for the ensuing year, the members of the committee to be selected by the respective delegations.

Resolved, That the committee be requested to designate the place of the next meeting, and to nominate three representatives to attend the next session of each State Medical Society represented here.

Resolved, That the Surgeons and Assistant Surgeons of the Army and Navy now in this city, and regular practitioners from unrepresented counties in this State and from neighboring States, be invited to seats on this floor, and to a participation in the deliberations of this Society during the present session.

Dr. A. P. DUTCHER read the sanitary report of the Beaver County Medical Society. During the latter part of the winter and spring just closed, pneumonia, pleuro and broncho pneumonia had been very prevalent, amounting to almost an epidemic. Simple pneumonia was confined mostly to persons advanced in life; pleuro-pneumonia to individuals of middle age, and broncho-pneumonia almost exclusively to children and infants. Nearly every infant born in the writer's practice, during the months of February and March, suffered from bronchial catarrh. In most cases the attack commenced on the ninth day after birth, and terminated on the seventeenth, if properly treated.

The symptoms of simple pneumonia as presented in aged patients varied but little. The disorder was generally ushered in by a chill, which was soon followed by a fever, and other signs of local determination of blood. The cough was a very urgent symptom from the commencement. When the disease was not complicated, the physical signs were very marked. In nearly every instance the affection was confined to one lung, and most frequently to the inferior lobe.

In pleuro-pneumonia the symptoms differed but little from those of simple, with the exception of a sharp cutting pain in the side, resisting every act of inspiration and making the act of coughing and deep breathing nearly impossible.

In the broncho-pneumonia of children the physical signs were not very prominent.

The general duration of simple pneumonia was fourteen days, but in some mild cases the disorder would commence to decline on the fifth day. In formidable cases the disease would be prolonged to the twenty-first day, particularly where complicated with pleurisy; in some instances, where the disorder attacked aged persons, it would assume from the first that form of the malady which some writers have denominated typhoid pneumonia, which was generally fatal. Every form of the disease, except the typhoid, was easily managed.

During the summer months there was little diphtheria, but in the latter part of autumn, and the beginning of winter, it became very prevalent, and in some places was almost epidemical, resulting fatally in some cases, particularly among children. In the practice of the writer, the disease had not been so frequent as in the three preceding years, he having recorded only twenty cases, fifteen of which were very mild; the others required careful attention. The former were treated exclusively with the chlorate of potash, which may be considered a specific, if there are any such for disease. But in malignant cases additional therapeutical agents are prescribed, and little reliance is now placed upon local treatment. Of the twenty cases mentioned, all recovered but one, that of a child.

In September typhoid fever made its appearance in the northern part of the county, but only in the sporadic form. It prevailed mostly among persons in middle life, and in some instances was very fatal, especially where the treatment was empirical. With the exception of the diseases mentioned, the health of the county has been good.

The report was accepted and referred to the Publishing Committee.

Dr. L. A. SMITH, of Newark, New Jersey, and Dr. O. H. TAYLOR, of Camden, New Jersey, were admitted to seats.

Dr. CONDIE offered a resolution, which was adopted, expressing regret at the illness of the President, Dr. HORTON, and hoping that he would soon be restored to health, when he will be requested to deliver his address on retiring from the Presidency of the Association. The morning session then closed.

FIRST DAY, AFTERNOON SESSION, WEDNESDAY, *June* 10, 1863.

The Committee on Credentials reported four additional names.

The Auditors appointed to examine the Treasurer's account reported that they had done so, with vouchers, and found it correct.

The report of the Bedford County Society was read by Dr. E. P. ALLEN. The Association was represented as in a very flourishing condition. The health of the country had been as good as usual. Diphtheria had prevailed to some extent, in some districts having assumed a malignant form, in others being of a mild character. Several cases of inflammatory rheumatism had occurred, the most successful treatment of which was with the alkaline, together with the veratrum viridi and colchicum. There had been some instances of measles and scarlatina simplex, but there was nothing unusual in their course or treatment. Whooping cough had prevailed extensively during the greater part of the year. Very few instances of idiopathic typhoid fever had occurred, but many complicated cases in soldiers returning from the army, which were probably of a miasmatic origin. There were some fatal cases of small-pox and of apoplexy, besides the usual instances of pneumonia, bronchitis, dysentary and miscellaneous diseases.

In surgery, the aim has been to adopt the conservative principle, and three lower limbs badly crushed by railroad accidents, had been saved, which formerly might have been amputated. Obstetrical cases were about as usual; only a few cases of puerperal fever having occurred, and but one death among them, probably owing to neglect. The most successful treatment in puerperal peritonitis had been with large doses of opium. Allusion was made to a number of cases where an unhealthy condition of the arm, followed by a typhoid state of the system had resulted from vaccination, and kine-pox, and several of which have been fatal, diphtheria prevailing in the vicinity, and a membrane strongly resembling the diphtheric having formed upon the sloughed portions of the arm. The cases assuming such a type were probably owing to some subtle element in the atmosphere that only wanted an exciting cause to operate as a poison in the system. An instance was detailed of a successful amputation of a hip joint, a diseased condition of which had continued for several years, and had apparently originated from rheumatism.

Dr. JOHN E. MCGIRR presented the report of the Westmoreland County socity. The forests having been cleared, there was nothing to shelter the location from the constantly changing winds, and the climate was extremely variable. There had been epidemics of the measles, mumps, diphtheria, scarlet and typhoid fevers and small-pox. As to diphtheria, the writer had no doubt of its being contagious. The report was very lengthy and entered into details of the nature and treatment of the diseases which had prevailed.

Dr. EMMANUEL, from Delaware county, made a report, which was referred.

Brief communications from several other counties

were received relative to the condition and prospects of the societies.

The following standing committees reported progress, and were continued:—Committee on distributing vaccine matter; committee on meteorology; committee on criminal abortion; committee on Daily Medical Gazette.

Dr. Condie, on behalf of the commissioners from the association, who had attended the last session of the Medical Society of New Jersey, presented a report favorable to that organization, and alluding to the kind manner in which the delegates had been received.

This report and those read previously were accepted and referred to the committee on publication.

Dr. Jewell, in response to an invitation, made a short address relative to the American Medical Association, which met in Chicago. Contrary to expectation, the meeting there was very harmonious. Representatives were there from the Middle and Northern States, also from other portions of our Union. It was feared that the want of unity there, between the two medical schools, would result in bad feelings, but such was not the case.

The remarks of Dr. Jewell riveted the attention of all the delegates present. He concluded by stating that the States were well represented, but Pennsylvania was not as well represented as other States. The number of delegates present was one hundred and seventy-nine. Their next meeting will be in New York. Dr. Hartshorne offered the following:

Whereas, It is important for the interests of the profession of this State that the studying of anatomy by dissection should be in Philadelphia, as it is in New York, facilitated by the sanction of the law; and *whereas*, The bill introduced upon the subject, in the State Legislature, at the last session, is believed to have been defeated on account of a technical defect, and not for reasons vital for its purpose; therefore,

Resolved, That a committee of six members be appointed by the President to prepare a suitable bill to be presented to the next Legislature for the legalization of dissection under proper restrictions.

The resolution was adopted. The names of the committee are as follows: Drs. Gross, Jewell, Nebinger, Condie, Bache and McGirr. The whole Society were appointed on the Committee of Co-operation.

The following resolution was offered by Dr. Condie:

Resolved, That in addition to the two recording Secretaries and one Corresponding Secretary, there shall be elected, at the session of 1863, and every five years thereafter, a permanent Secretary, who shall take charge of the minute books and other documents of the Society, immediately after the close of each session, and keep them during the interval, and he shall perform all other duties which shall be required of him by the resolutions and enactments of the Society.

The resolution was adopted.

The committee from Westmoreland county made their report. The report commenced with a description of the county. It was represented to be most beautifully situated.

The population of the towns do not, in any case, exceed two thousand persons. The soil is very productive. The water, in about three-quarters of the towns, is impregnated with lime. No reliable record had been kept of the deaths. The principal causes of mortality resulted from pneumonia, scarlet fever, diphtheria, typhoid fever, and a few cases of small pox, but the deaths resulting from these causes were not numerous.

The report was referred to the Committee on Publication.

In the absence of other business, Dr. Condie made some statements relative to the distribution of vaccine matter.

The committee will make a report in writing.

Dr. A. L. Kennedy, Chairman of the Committee on Meteorology, made a partial report. The committee reported progress and were continued.

The Committee on Physical Education reported progress, and were continued.

An invitation was accepted to visit the Pennsylvania Hospital. Adjourned.

Second Day, Thursday, *June* 11, 1863.

The President presented a communication from Geo. H. Boker, Secretary of the Union League, extending to the Society an invitation to visit the League House.

Dr. Condie moved that the thanks of the Society be returned to the League, and that the Society visit the House in a body immediately after the adjournment on Friday.

Mr. Mayberry, while in favor of the vote of thanks, opposed the visit in a body. He considered the Union League a political organization, and thought that politics should not be introduced into this body.

Dr. Bell thought that the invitation was extended without regard to politics, and, in support of his argument, alluded to the visits of the Presbyterian General Assembly, Episcopal Convention, and other bodies which have assembled in this city.

Dr. Dutcher was opposed to the introduction of politics into the Society, but, in the present crisis, thought that some sympathy with the government might be expressed. He who would not stand up for his country was, in the language of Garibaldi, either a coward or a traitor.

After some further discussion between Drs. Condie and Mayberry, the resolution to accept the invitation and return thanks was adopted.

Invitations to visit the House of Refuge and Deaf and Dumb Asylum were received and accepted.

The Committee on Credentials reported the names of three additional delegates. The attendance, today, numbers eighty, which is larger than for three years past.

Dr. W. S. Linn, of Chili, Illinois, and Dr. Wm. Corson, of Montgomery county, were introduced and invited to seats.

Dr. Sam'l Stites read the report of the Perry County Medical Society. It is stated that in the neighborhood of Millerstown there have been typhoid fever, small pox, scarlatina, pneumonia, pleurisy, and diarrhœa. Typhoid fever cases had been numerous, but they generally yielded to treatment. A peculiarity of the disease in one portion of the county —Wild Cat Valley—was, that it was confined to a space of five miles in length, and four miles in width. Every house within this range, except one, had in it fever patients. The epidemic traveled at the rate of one mile per week. The successful treatment of other diseases is also spoken of at length in the report. Measles prevailed very generally in the spring of 1862, attacking every person who had not before been affected with it, and in two instances, persons had a second attack of the disease.

The report was referred to the Publication Committee.

Dr. I. N. Evans presented the report of the Montgomery County Society. It appeared that the sanitary condition of the county compared favorably with that of former years. In Conshohocken, a peculiar disease, known as the spotted fever, had prevailed to some extent, among young persons, since March of this year, seven out of ten cases mentioned having proved fatal. In Norristown a disease had made its appearance, strongly representing the spotted fever which prevailed in Massachusetts, in 1806. Fourteen out of thirty cases mentioned had proved fatal.

Dr. Corse read the report of the Philadelphia Society.

By the bills of mortality of the city, it appeared that during 1862, twelve per cent. of the deaths were from consumption, and nineteen per cent. from forms of scrofula, a disease which prevailed to a great extent throughout the State, and appeared to be yearly increasing. Diphtheria was the assigned cause of three hundred and twenty-five deaths, a decrease of one hundred and seventy-seven from the number in 1861.

The reports, after being read, were referred, as were also reports from other counties.

The report of the Committee on the proposed establishment of a daily medical gazette was then considered. Dr. DARRACH advocated such a publication; he wished a lively periodical of this kind. As the chairman had no report on the subject, the committee was continued. A resolution referring to the death of Dr. DARLINGTON, of West Chester, was read.

Dr. COX, of Baltimore, a surgeon in the army, was admitted to a seat in the body.

Dr. WORTHINGTON submitted a resolution of regret at the death of Dr. WILLIAM DARLINGTON, of Chester county. Adopted.

Dr. MCGIRR, of Blair county, introduced the following:

Resolved, While this Society is organized for scientific purposes, for the elevation and the purity of the medical profession, it is no part of the organization, as such, to interfere with State or national politics; at the same time we are fully prepared and determined, individually and collectively, to maintain the Union of the United States against the accursed rebellion now waging the destruction of the government formed by the wisdom and cemented by the blood of our Revolutionary ancestors.

The resolution gave rise to some discussion between Drs. GROSS, JEWELL, DARRACH and others, and was then adopted.

Drs. GROSS, JEWELL, DARRACH, NEBINGER and others, opposed the members visiting the League as an association.

Dr. COX, a Baltimorean, made a patriotic speech in favor of the convention visiting the League rooms in a body. He said that he loved his country, and that on all fitting occasions he was ready to stand up for its honor and for the perpetuity of the Union. He felt sorry to see any reluctance on the part of the Society to show their decided love for our institutions and for those who were trying, by banding themselves together in these Leagues, to strengthen the hands of the President and his advisers.

The motion to accept the invitation of the Union League, was reconsidered, and on motion of Dr. THOMAS, laid on the table.

An invitation from Dr. BUTLER to visit the Insane Department of the Philadelphia Hospital, was read and accepted.

The following gentlemen were elected officers for the ensuing year.

President—WILSON JEWELL.

Vice Presidents—J. D. ROSS, M. EMANUEL, CHAS. SHOEMAKER, W. WORTHINGTON.

Corresponding Secretary—A. NEBINGER.

Permanent Secretary—W. B. ATKINSON.

Recording Secretaries—J. M. STEVENSON, W. SARGENT.

Treasurer—WM. MAYBERRY.

Dr. JEWELL, President for the ensuing year, was then conducted to the chair; on taking which, he expressed his gratification at having so high an honor conferred upon him. He would look to the Association for the same indulgence as had been shown to those who previously occupied the chair. He reiterated his feelings of thankfulness for the honor conferred, and then concluded the few remaining items of business, such as votes of thanks for the able manner the duties of their offices had been performed by the previous officers.

The Society then adjourned *sine die*.

EDITORIAL DEPARTMENT.

Reviews and Book Notices.

A Practical Handbook of Medical Chemistry. By JOHN E. BOWMAN, F. C. S., formerly Professor of Practical Chemistry in King's College, London. Edited by CHARLES L. BLOXAM, Professor of Practical Chemistry in King's College, London. Third American from the fourth and revised London edition. With illustrations. Duodecimo, cloth, Pp. 351. Philadelphia: Blanchard & Lea. 1863. Price, $1.75

This excellent chemical guide for medical men should always find a place in the library of students and practitioners. There exist a great many very good works on Chemistry, calculated, however, rather to render the reader acquainted with the more general principles than referring to any special subject of this vast science. The work before us seems to have been written not for beginners, but for those who have already studied Chemistry for some time. For an advanced student, we think it however indispensable, and on this account would call their especial attention to it.

The author divides the work into five parts. In the first of these, he refers to healthy and morbid urine, its analysis, the detection of the proximate principles and its abnormal ingredients and their relation with reference to disease.

In the second part to the chemical history of urinary calculi and concretions.

In the third part to the microscopical anatomy, physiology and pathology of the blood, and the chemical deviations from the normal standard.

In the fourth part to the secretions, normal and abnormal.

In the fifth to toxicology and the various kinds of analysis.

The book is printed and bound neatly, and its appearance is creditable to the publishers.

On Diseases of the Skin. By Erasmus Wilson, F. R. S. Fifth American, from the fifth and revised London Edition. With plates and illustrations on wood. Octavo, cloth. Pp. 694. Philadelphia: Blanchard & Lea, 1863. Price, $7.50

We take great pleasure in announcing to the profession the republication of this very excellent and useful work, which scarcely requires any recommendation, since it seems to speak for itself by having already appeared in its fifth edition. All professional men are aware of the fact, that our enlightenment on diseases of the skin is rather in small proportion to the progress in other branches of medical science. We should therefore take special pains to raise this department to the same standard with the others.

Professor Wilson's work has shown itself so far as very efficient, and gives ample information to render the scientific and studious physician acquainted with the important subject which it treats.

In the present edition the reader will find numerous additions, special attention having been paid to the description and illustration of eruptions from syphilitic origin, which latter has contributed considerably to the value of this work.

The work is well illustrated by plates, which are executed in the highest style of the engraver's art, many of them being colored, to represent, as well as art can do it, the natural appearance of the various forms of skin disease. In former editions, these plates were published in a separate volume. In this the plates are inserted in the same volume with the text.

The getting up of the work is in the well-known creditable style of the house of Blanchard & Lea.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JUNE 20, 1868.

THE SURGEON-GENERAL.

Although satisfied that the influences which brought about the retirement of Surgeon-General Finley and the appointment of Dr. Wm. A. Hammond to fill the place, were inimical to the best interests of the medical profession, and of the national army, we not only carefully avoided any show of active opposition to the appointment, but gave a hearty support to the new Surgeon-General in all his official acts, so far as they commended themselves to our judgment. On the other hand, we have not hesitated, when occasion called for it, to condemn in plain terms where there was occasion for it.

In view of the influences which brought about Dr. Hammond's appointment, we have neither been at all surprised to find irregular practitioners in the West claiming the new Surgeon-General as one of themselves, and the administration of his office as in their interest, nor at the issue of his recent foolish, unjustifiable, and wholly untruthful order, striking two important and useful remedies from the supply lists of the army.

It is evident that the distrust of the Surgeon-General, which to a certain extent has existed from the time of his appointment, is rapidly taking the shape of an organized opposition, which it is to be hoped will not be without its effect with the Government. For to have a Surgeon-General, who not only does not command the support of the profession, but who, on the contrary, has entirely lost the respect and confidence which should be inseparable from an office so intimately connected with the profession, and on the proper administration of which, so much of weal or woe to our vast army depends, is neither proper or wise.

The country wants a practical man, and not a mere theorist, "carried about by every wind of doctrine," at the head of the Surgical Bureau of the United States army, and we trust that the medical profession from every section of the country will be heard at Washington on the subject. The American Medical Association, and some local societies have already spoken in plain terms, and others, we doubt not, will speak. Had not the Pennsylvania State Medical Society been frightened from its propriety last week, and adjourned before its work was done, we doubt not it would have delivered a testimony on the subject. The local societies of the State should speak, however, in condemnation of an order which is not only untruthful in its statements, but slanderous of our profession. Let us hear from the Philadelphia County Medical Society, and the College of Physicians of this city.

The Reporter was the first of the medical journals to condemn the order, and we are glad to notice that others are pursuing the same course. We observe by the *Lancet and Observer*, that the profession of Cincinnati has noticed the conduct of the Surgeon-General in unmistakable terms of condemnation, and there is no misunderstanding the outspoken opinions, or getting around the logic of the *Lancet and Observer* on the subject.

The newspaper correspondents have been in a great pother over the order. Soon after it was issued, they announced that eminent medical men were overwhelming the Surgeon-General with congratulations on the issue of so important and humane an order. We would like to see their names! Then again, recently they have been trying to take the edge off the thing by giving out that the order had reference to calomel alone of all the preparations of mercury, etc., etc., all which shows that the Surgeon-General's office is ill at ease about it.

PENNSYLVANIA STATE MEDICAL SOCIETY.

This Society held its Fourteenth Annual Session in this city last week. The minutes will be found in this number. About eighty members were present, representing about twelve counties only, out of the sixty-six, of which the State is composed. The profession of this State need to be aroused on the subject of organizing their forces. The best way to accomplish this, is for the Society to take pains to have their meetings practical and interesting. Proper regard should also be had to the interests of each section of the State. Why should *all* the meetings be held in the eastern end

of the State? The better plan would be to have an annual meeting held in a central position, and semi-annual meetings held in different sections of the State. Thus the profession in every portion of the State would have an opportunity to become interested in the Society.

There were some interesting papers presented at the late meeting, though some of the country members seemed to think that the proceedings were scarcely of sufficient interest and importance to compensate them for the time and expense of coming to the meeting. We want more country practitioners at these meetings to give them animation and a practical turn.

The meeting last week was cut short by a nervous and wholly uncalled for fear, that the Society would do something or other that would identify it with a certain course in politics. Doctors are men and citizens as well as physicians, and they cannot, if they would, separate themselves from the duties and obligations of citizenship and *do right*, certainly not in this country. Courtesy should pre-eminently characterize our profession, whether in its individual or its collective capacity. The invitation to visit the rooms of the Union League, which is composed of men of all political parties, should have been accepted, as were other invitations. This would at least have been courteous, and the members could have visited the rooms or not, as they chose. In its anxiety to be regarded as too pure to have any thing to do with politics, the Society proved to a demonstration that it was composed of men who were almost as wide awake to partisan interests as the ordinary run of pot-house politicians.

We trust that pains will be taken this year to form county and local societies throughout the State, and that at the next meeting there will be a large representation of country physicians, who will come prepared to aid in giving interest and vitality to the meeting.

Burning of a Medical College.

The Medical College at Lexington, Ky., was entirely destroyed by fire on the 22d inst. It has been used of late for a Government Hospital. The loss is placed at $90,000, which will probably be bad for the Government, and good for the corporators of the College.

BELLEVUE HOSPITAL.

For some time there have been vague rumors of "changes" in the medical management of Bellevue Hospital, New York. It has been said that it was the intention to have departments in the institution for the treatment of special diseases.

The matter has been a good while coming to a final issue, and now that this seems to be imminent, we confess the whole thing begins to have a suspicious look to us.

The Commissioners of Public Charities and Correction, lately called the Medical Board together in consultation, and from the nervousness manifested by some of the members, we are led to think that our suspicion that the Commissioners have it in view to try some experiments with "specialties" in practice, have some grounds. We trust, however, that the Commissioners will not place themselves in a position of antagonism to the Medical Board, and that our fears will not be realized. It would have a very bad effect on Bellevue Hospital, and do no possible good. The Medical Board is composed of some of the first men in the profession in New York, and we doubt not they will be able to maintain the honor of the profession against any machinations of interested parties outside.

The following are the proceedings of the meeting referred to. The Commissioners and Medical Board resolved themselves into a convention, composed of the following gentlemen: Commissioners Draper, Nicholson, and Bell, and Doctors Isaac Wood, Valentine Mott, James R. Wood, Crane, Smith, Greene, Taylor, Elliott, Parker, Clark, McCready, Thomas Flint, Jr., Loomis, Barker, Gouley, and Sayre.

President Draper, was called to the Chair, and Joshua Phillips, Esq., acted as Secretary.

The Chairman stated the object in calling the meeting was for the purpose of interchanging views on the subjects in which the Medical Board were as interested as the Commissioners, and before submitting their views he would refer to a consultation had with Dr. McCready, when it was resolved to address the Medical Board on the establishment at Bellevue Hospital of facilities for the treatment of certain specialties. A note of inquiry had been addressed to the Board, requesting an affirmative or negative response to the interrogations, so as to enable the Commission to place it among their official records.

The establishment of an Out-Door Department was also a subject of inquiry, whether deemed a necessity, and, if so, whether it would be part of their duty to take action thereon? Also, whether, in their opinions, the Commissioners should provide against danger by contagious or infectious diseases being transmitted in public vehicles? These inquiries, Mr. Draper concluded, were made solely from motives of responsibility, which rested equally with both parties represented at this meeting.

Dr. Isaac Wood, President of Bellevue College, assured the Commission that there was a unanim-

ity of action in reference to the communication about specialties from the Commissioners. There prevailed, however, an opinion with some members of the Faculty that the Commissioners would act independent of the medical opinions.

The establishment of an Out-Door Department, and the evils which may occur by the use of public vehicles, were subjects which required the further consideration of the Faculty.

Mr. Draper said that any subject proposed by the Medical Board would receive just and proper deliberation.

Dr. Clark inquired whether majority and minority reports would be considered by the Commissioners? also, whether the Commissioners entertained any opinions in regard to the promiscuous use of public vehicles?

Mr. Draper stated that both majority and minority reports would be considered and deliberated upon by the Commissioners. In respect to conveying in public vehicles infectious cases, they desired public action, and wished the opinion of the medical gentlemen, and whether there was any danger to citizens in the use of such vehicles. It was the desire that the City Inspector, or some other officers, by ordinance, be empowered, under specific arrangements, to license vehicles for the conveyance of contagious cases.

On motion of Dr. Barker, the whole subject was referred to the Medical Board, to report thereon at an early date, and the meeting adjourned *sine die*.

Notes and Comments.

Agricultural Papers.

The *American Agriculturist*, published by Orange Judd in New York, is one of the best and most practical, as it is the cheapest paper issued for the use of agriculturists. As many of our readers are, to a greater or less extent, agriculturists and horticulturists, we unhesitatingly recommend it to their notice. The *Agriculturist* is an uncompromising opponent of quackery in medicine, refusing to advertise for quacks at any price, and devoting much space to a practical exposure of their tricks. Each number contains something to amuse and instruct children as well as grown persons. The price is but one dollar a year, and each number is worth the money.

The *Maine Farmer*, published at Portland, Me., and the *Germantown Telegraph*, published at Germantown, Pa., are also excellent agricultural and family papers, that we can unhesitatingly recommend. Both are published weekly.

American Dental Association.

The regular annual meeting of this Association takes place in this city, on the last Tuesday, (the 28th) of July next, at 10 o'clock, A. M.

American Dental Convention.

The ninth annual session of this body will take place on Tuesday, August 4th, at Saratoga Springs, New York.

Correspondence.

DOMESTIC.

A CASE OF ILEUS.*

Snow Hill, Md., *March*, 1863.

Editor Medical and Surgical Reporter:—The word Ileus would from its derivation properly indicate contraction or twisting; but I will use the term here in the simple sense of obstruction of the bowels, as I have no means of knowing whether there was intussusception, or what was the precise nature of the obstruction, since no autopsy was made.

A few months ago, I was called to see J. W., æt. 50. Found him laboring under constipation, attended with excrutiating pain all over the abdomen, which was hard, much swollen, and sensitive to the touch.

The patient stated that he was quite unwell for a week before confinement to bed, and had not been in good health for a year previously, he thinking, as he said, that there "was something wrong about his bowels."

Drastic cathartics had been used for three days without effect, as I was informed by a physician who had been treating the case, and requested me to take charge of it.

Having first ascertained that the symptoms were not caused by strangulated hernia, the following remedies were employed: Ordinary cathartics, enemata of aloes, sulphate of magnesia, gambogia, etc., warm water enema, tobacco enema, mixture of chloroform, Hoffman's anodyne and sulphate of morphia, per orem, every two hours; mercury ℥j, bottles of warm water, etc., externally. Finally introduced tube with flexible wire into the bowel, and injected hot water through it. No fæcal matter was discharged. In the first stage there was great pain. After the first two days considerable swelling and pain, except when under the influence of narcotics. The chloroform mixture, which was used for its narcotic and antispasmodic effects, relieved pain greatly. On the sixth day of his illness, the patient appearing to have every symptom of being in articulo mortis, visits were discontinued, and he was left without treatment except the chloroform, Hoffman's anodyne and sulphate of morphia. On the eighth day, his son informed me that he was still living and seemed better, and requested me to see him again. I found the pulse, which on the sixth day was scarcely, if at all preceptible, with considerable volume though compressible. There was less tumefaction, rather less hardness of the abdominal parietes; the facies hippocratica had disappeared. I immediately administered in large quantity an enema of sulphate of magnesia, and sodæ et potass. tart., and gave per orem, a dose of sodæ et potass. tart. By the use of

* The lack of a post-mortem examination detracts greatly from the interest and usefulness of this case, which otherwise would have been very instructive.—Editor.

the enema a very small quantity of fæcal matter, (not more than a fluid drachm,) was discharged, this being the first and only evacuation. Another dose of sal rochelle was given after the expiration of four hours, and other enemata were subsequently used, though without effect. After the enema and evacuation there was much less tympanites. The abdominal parietes seemed to be becoming flaccid, not meaning to say, however, "post hoc ergo propter hoc." Soon after this, febrile symptoms were marked, continuing until death, which occurred on the 11th or 12th day. There was no fæcal vomiting.

J. B. R. PURNELL.

EXTIRPATION OF THE PAROTID GLAND.

WHEELING, WEST VIRGINIA,
May 30th, 1863.

EDITOR MEDICAL AND SURGICAL REPORTER:—On the 10th of January last, Mrs. C., aged 45 years, native of Ireland, of good general health, though of cachectic appearance, residing in this city, presented herself at my office for advice in relation to a tumor below the right ear, which first made its appearance some ten years since. When first discovered, it was not larger than a pea, but gradually increased until three years since. She consulted Dr. HOUSTEN, then of this city, who (she says) passed a seaton through the tumor for the purpose of reducing it by suppuration; he failed however. Since that time it has been steadily increasing in size, accompanied with occasional lancinating pains. At present it occupies all the space between the mastoid process and the angle of the jaw, thrusting the ear upward, is irregular or knotty on the surface, having clefts and globular projections, and is almost immoveable; protruding but little externally, but seems to dip down deeply, compressing the parts beneath, and is of almost stony hardness, seeming to implicate the greater part of the parotid gland.

My diagnosis was scirrhus of the parotid gland, and I proposed its removal by an operation. After having fully stated the difficulty and risk attending such an operation to my patient and her husband, she decided at once upon its removal. Accordingly she was placed upon the operating chair, when I directed my assistant to render the surface tense, and proceeded to make a longitudinal incision extending from the mastoid process to the ascending portion of the inferior maxilary. I then made a crucial incision and dissected back the flaps, so as to expose the entire surface of the tumor. I then opened the fibrous capsule and cautiously proceeded to dissect out the tumor after the method of Professor CHELIUS, securing the arteries as I progressed, sometimes using the knife, sometimes the handle of the scalpel and sometimes my fingers alone, my assistant lifting the tumor from its bed with a tenaculum, which was in such close proxmity to the carotid artery as to present after its removal a groove or depression through which that vessel passed. I brought the wound together, secured the flaps by stitches, and applied cold water dressing. The patient bore this tedious and painful operation with the utmost fortitude, scarcely uttering a murmur. Considerable blood continued to ooze from the wound during the early part of the night which was staunched by the application of ice. After the administration of an opiate, the patient, although somewhat nervous, obtained some sleep.

The case continued to progress favorably, the ligatures came away, and in three weeks from the operation, cicatrization is complete.

To-day, May 30th, 1863, no trace of the disease is perceptible, the scar produces but little deformity and the patient only complains of a very slight numbness or want of feeling in the neighbouring parts produced by interruption of nervous communication. Her general health is much improved.

E. HALLEY MCCOY,

News and Miscellany.

Artificial Arms.

By order of the Surgeon-General, a Board composed of Medical-Inspector CLYMER, U. S. A., and Surgeons MURRAY and GODDARD, will be convened in this city, on the 22d inst., to examine and report upon such models of artificial arms as may be brought before them. The Board has been instructed to report fully as to the merits, positive and relative, of the models presented for their inspection, and their price. Inventors throughout the country are requested to forward models of their inventions for the inspection of the Board.

Dr. J. SOLIS COHEN, of this city, Acting Assistant Surgeon, U. S. N., has been detailed from the Stettin, and ordered to the U. S. ship Vermont, in Port Royal Harbor, S. C.

Pitting Prevented.

A Scotch physician, Dr. SMART, has announced an invention which, he asserts, has never failed in his practice to prevent the disfigurement consequent in small-pox known as "pitting." The application consists of a solution of india rubber in chloroform which is painted over the face (and neck in women,) when the eruption has become fully developed. When the chloroform has evaporated, which it readily does, there is left a thin, elastic film of india rubber over the face. This the patient feels to be rather comfortable than otherwise, inasmuch as the disagreable itchiness, so generally complained of, is almost entirely removed, and, what is more important, "pitting," once so common, and even now far from rare, is thoroughly prevented wherever the solution has been applied.

Wooden Library.

A strange work is being carried out for exhibition at the Permanent Industrial Exposition, in Vienna. It is a wooden library; that is, a hundred octavo volumes, the covers of which are formed of wood. On the backs, which are formed from the bark, are inscribed the trees they are made from. Inside are specimens of the leaves, flowers, fruits, etc., of the trees.

Vital Statistics of France and England.

The Registrar-General of Great Britain, in his annual report, has introduced some of the leading facts in the statistics of France in 1861, for the purpose of comparison. It is seen that both the marriage and the birth rates were lower in that country than they were in England, while the death rate was higher. The persons married were in the proportion of 1.544 to the population, while in England they were 1.628. The births were 2.688, against the English rate of 3.461; the deaths, 2.308 against 2.163. The inferiority in births is the most remarkable, because the population of France has not attained to that density which, in England, might be assigned as a reason for a diminution in the rate of increase.

Quinine in the Indian Army.

Dr. Macpherson, of Calcutta, states that since quinine has been extensively used among the troops in India, there has been a steady diminution of mortality; and whereas in 1830 the average per centage of deaths to cases of fever treated was 3.66, in 1856 it was only one per cent. in a body of 18,000 men scattered from Peshawur to Pegu.

ANSWERS TO CORRESPONDENTS.

☞ *Correspondents will please notice our reiterated request to give their full address in their communications to us. Our correspondence is very extensive, and it is necessary for us always to know the Town, County and* State *from whence their letters are sent.*

Dr. C. T. H., Kentucky.—We would recommend you Tilt on Menstruation, price $1; Barclay's Medical Diagnosis, $2.25; and Walsh on the Heart, $2.25. These can be sent per mail, or express. We have recently sent several packages to Kentucky and there has been no difficulty with them.

Dr. J. S., Unadilla, N. Y.—Weber's *Anatomical Plates* cannot be procured complete, a fire having destroyed the edition in 1859. The complete sets consisted of eight plain, and three colored figures. The colored figures are all destroyed. The eight plain ones can be supplied at $1.50 per figure—the price, when complete, having been $2.50 each for the plain, and $3.50 for the colored.

Dr. B. T., Md.—We can procure for you a set of Army Splints at $2.50, which would answer your purpose. Dr. Welch, of Lakeville, Conn., makes a very complete set of gutta percha splints, which are sold at about $16, we believe, neatly packed in a box.

Dr. J. H. C., Indiana.—We can get you a pocket case of instruments for $15 to $20, depending on the number of instruments. The price of the Reporter from May, 1863, to January, 1864 (vol. x.), is $2.

MARRIED.

Cady—Bulkley.—In New York, on Wednesday, June 10, by Rev. Dr. Prentiss, J. Cleaveland Cady and Julia, eldest daughter of Dr. Henry D. Bulkley.

Harvey—Steel.—At Abington, Pa., on the 2d inst., by the Rev. Dr. Gray, of Easton, Samuel D. Harvey, M.D., of Jenkintown, and Mary B., youngest daughter of the late Robert Steel, D.D.

Hopkins—Sudler.—On the 26th ult., in Wilmington, Del., by Rev. Bishop Scott, Benjamin C. Hopkins, M.D., of Kent county, Del., and Sallie B. Sudler, daughter of the late Prof. T. F. Sudler.

Lamb—Williams.—By Rev. W. T. Eva, on the 10th inst, Dr. William W. Lamb, of Paulsboro', N. J., and Miss Elmira Williams, of this city.

Mitchell—Rose.—On Thursday, June 11, at the residence of the bride's father, by Rev. Dr. Mitchell, of New York, John J. Mitchell, M.D., of New York, and Philena B., daughter of Norman Rose, Esq., of Schuyler's Lake, N. Y. No cards issued.

Penrose—Stewart.—On the 3d inst., by Rev. P. H. Mowry, Dr. Thomas N. Penrose, United States Navy, and Maggie, daughter of James Stewart, all of this city.

Wells—James.—In Exeter, N. H., on Thursday, June 11, by Rev. O. T. Lamphear, Daniel French Wells, M.D., of Brooklyn, N. Y., and Miss Jennie James, of Exeter.

Wilson—Shepherd.—May 14th, by Rev. T. P. Speer, at his residence, Joseph Wilson, M.D., and Miss E. P. Shepherd, both of North Jackson, Mahoning county, Ohio.

DIED.

McKenney.—In Norfolk, Va., 24th May, Dr. Wm. N. McKenney, in the 50th year of his age. Dr. McKenney was an old and influential citizen of Norfolk, and was for many years a member of the Senate of Virginia.

Ohl.—At his residence, Summit Hill, Carbon county, Pa., May 20th, 1863, after suffering for one week from a severe attack of inflammation of the lungs, Dr. J. G. Ohl, a native of Buckhorn, Columbia county, Pa.

Patterson.—In Stoystown, of scarlatina, April 27th, 1863, John H., son of Dr. R. H. and Mrs. S. Patterson, aged 3 years and 7 months.

METEOROLOGY.

June	8,	9,	10,	11,	12,	13,	14.
Wind.....	N.	W.	N. W.	S. W.	S. E.	S. E.	E.
Weather....	Clear.	Clear.	Clear.	Clear.	Cl'dy, Shower.	Cloudy.	Clear.
Depth Rain...							
Thermometer							
Minimum.....	46°	49°	53°	60°	60°	58°	55°
At 8 A. M.....	59	60	68	67	68	64	62
At 12 M.....	64	68	78	75	75	64	69
At 3 P. M.....	67	77	80	74	79	63	74
Mean.....	63 3	68.3	75.3	72	74	67	68.3
Barometer.							
At 12 M.....	29.9	29.8	30	30	29.9	30.1	30.2

B. J. Leedom.

VITAL STATISTICS.

	Philadelphia. Week ending June 13.	Baltimore. Week ending June 6.	Boston. Week ending June 6.	New York. Week ending June 6.
Population in 1860.....	565,529	212,418	177,812	805,651
Mortality.				
Male.....	117	55	28	181
Female.....	127	36	30	169
Adults.....	107	54	27	162
Under 15 years.....	134	52	...	185
Under 2 years.....	86	26	...	126
Total.....	244	91	58	350
Deaths in 100,000.....	43.14	42.84	31.49	43.43
American.....	184	...	40	227
Foreign.....	53	...	18	123
Negro.....	13	17	...	14
I.—Zymotic Diseases.				
Cholera, Asiatic.....	...	...	...	...
Cholera Infantum.....	1	...	...	2
Cholera Morbus.....	...	...	...	...
Croup.....	4	8	3	9
Diarrhœa.....	5	...	...	5
Diphtheria.....	9	3	3	8
Dysentery.....	2	1	...	4
Erysipelas.....	2	...	...	9
Fever, Intermittent.....	...	1	...	...
Fever, Remittent.....	...	...	...	...
Fever, Scarlet.....	8	5	5	15
Fever, Typhoid	4	4	...	11
Fever, Typhus.....	1	...	1	13
Fever, Yellow.....	...	...	...	...
Hooping-cough	...	1	1	...
Influenza	...	...	...	...
Measles.....	5	...	1	5
Small Pox.....	4	4	1	2
Syphilis.....	1	...	...	...
Thrush	...	...	1	...
II.—Sporadic Diseases.				
Albuminuria.....	...	...	...	...
Apoplexy	3	1	3	3
Consumption	24	17	9	40
Convulsions.....	9	1	1	27
Dropsy	13	4	2	16
Gun-shot Wounds.....	5	2	...	...
Intemperance.....	...	...	1	...
Marasmus	8	...	2	15
Pleurisy.....	...	...	1	...
Pneumonia	16	...	2	...
Puerperal Fever.....	1	...	...	...
Scrofula.....	...	...	...	...
Violence and Accidents.....	6	...	1	42

THE

MEDICAL AND SURGICAL REPORTER.

No. 345.] PHILADELPHIA, JUNE 27, 1863. [Vol. X.—No. 9.

Original Department.

Communications.

A Visit to EMORY U. S. A. GENERAL HOSPITAL, D. C.

By Laurence Turnbull, M. D.,

One of the Surgeons to the Howard Hospital, Philadelphia.

At the call of the Secretary of War for volunteer Surgeons, I left Philadelphia on Sunday night, September, at eleven, P. M., in company with a large body of physicians and surgeons, to devote ourselves for a time to the care of the sick and wounded. After numerous delays we arrived at Washington, and reported ourselves to the Medical Director, Surgeon Campbell. There being two Surgeons and a Medical Cadet he assigned us to duty at Emory Hospital, situated one mile and a half due east from the Capitol.

Description of the Hospital.

The hospital buildings are of wood, and were formerly cavalry barracks, but they have been modified and much improved under the direction of Dr. Skilling. These buildings are located on the plain on which McClellan had his celebrated reviews; the prevailing winds are from the direction of Washington; a branch of the Potomac is on one side, but the wind seldom blows from that quarter, else there would be much intermittent and remittent fever, as the river is low and there are marshes. On the other side, the ground nearer the city is more elevated, affording fine encamping ground for numerous regiments. The hospital consists of twelve separate buildings, besides dining-room and numerous outbuildings. The wards are one story high and in the form of a cross. They are ventilated by valvular openings under the floors, and the impure and heated air passes out at the apex of the roof, which is always open in the summer. It is lighted by numerous windows, which can be shut or opened at pleasure so as to afford additional means of ventilation. The ventilation is very good, for it was found that even with the wards filled with sick and wounded men, numbering over seventy, but little odor would be perceived.

Capacity and Medical Staff.

The whole number that the twelve buildings could accommodate is eight hundred and fifty. The Surgeon in charge, Dr. Wm. Clendenin, of the regular army, is a gentleman well qualified for the important position, and one who has seen a large amount of practice during this war, as also in the war of Italy. The regular staff consisted of Drs. Skilling, Todd, McCoy, Combs and Hall, with six volunteer surgeons on temporary duty. On our arrival, they were discharging all the patients that could with safety be removed to Baltimore, so as to make room for the severely wounded from the recent battles of Bull Run, &c., who commenced to arrive on the following day at one o'clock, A. M.

Wounds of Nerves—Tetanus.

During the eight days we were in attendance, there were ten amputations of thigh, leg, and shoulder-joint, and four of fingers and toes, under the influence of chloroform, without accident, and with no suffering to the patient. Drs. McCoy, Hall, Turner, Goodwin, and Turnbull, were the operators, and but one or two cases have terminated fatally since that time. As many as twelve bullets were removed by the writer of all sizes. *Traumatic tetanus* supervened upon a gunshot wound of the wrist, which shattered the bones, more especially the radius. The patient was at once placed under the full influence of morphia. Subsequently, a free incision was made, and numerous pieces of bone were removed. The morphia treatment was continued, to which was added chloroform, camphor, etc. He had slight opisthotonos when he was received, which gradually increased, and he died at the end of the fourth day. On a careful examination of the nerve, (radial,) it was found softened and its sheath inflamed, and but one small, sharp spicula of bone found not removed. Another case occurred previous to our arrival, in which the ball had penetrated the first lumbar vertebra, the ball was cut down upon and removed, the man survived three days without paralysis. I examined with much interest the pathological specimen and saw the opening into the spinal canal.

On the day we left a third case presented in a Captain of a Massachusetts regiment, who had a short time previously been brought in from the field, where amputation at the middle third of the

thigh had been performed some four days after the receipt of a gunshot wound. Having been exposed during the interval to the inclemency of the weather, want of food, etc., etc., he was of course much exhausted, and was placed under a judicious tonic and stimulant treatment, and was apparently progressing satisfactorily when an opisthotonic state supervened with trismus. He now was ordered large doses of morphia frequently repeated, but with what success is unknown, for reasons above stated.

Gun-shot Wounds.

Traumatic hemorrhage occurred from a wound made by a bullet in the neighborhood of the knee into the popliteal space; it was arrested by applying a compress and tourniquet, and on consultation the proposition was to attempt to tie the artery, but the majority were against it, and decided upon amputation above the knee, which was performed, and upon opening the joint, the condyle of the femur was found fractured, and numerous pieces of bone driven into the artery, which was in a softened state; the head of the tibia was also broken.

The following are some of the gunshot wounds in the wards of which I had charge:

The majority of the amputations, which had been performed upon the field, and received into the hospital were in a most deplorable condition, having remained upon the field without food, and exposed to the air; the stitches were out, the wounds gaping, with ulceration; the bones exposed, and were discharging most unhealthy pus. One of these poor fellows was so bad that he begged to have his limb removed a second time, which was done by the writer above the knee, under the influence of chloroform, with success. This case was not in my ward.

There were numerous cases of compound fractures of all the bones of the body; the most severe were those of the femur, which were treated first by free application of cold water by irrigation, and subsequently by simple extension by means of a brick suspended, attached by adhesive straps. This is an old plan, and one which I have seen successfully employed under Dr. Cuyler, when Medical Director at Fortress Monroe, in cases which he kindly showed me. The same plan was also pursued at St. Joseph's Hospital when the wounded troops were under the charge of Dr. Wilson, now of Camp Curtin. The cases were principally from the battle of Winchester, brought by Surgeon-General Henry H. Smith. There are cases which will not bear it at once, and require a wire splint or swing, but I think that the double inclined plane or long splint is not as successful as this simple plane. In compound fractures of the lower extremity, the fracture box and bran dressing is very pleasant, but at Fortress Monroe they substituted wet sand inclosed in muslin which was stated to answer as good a purpose as the bran.

Special Cases.

Case I.—J. L., æt. 21, Co. G, 5th Virginia. Wounded while loading, at the second battle of Bull Run, through the muscles of the lower third of the thigh. The ball afterward struck M. S., of the same company, breaking both thigh bones, and when examined, it was not altered in shape. Treatment; cold water. Doing well.

Gunshot Wound of Abdomen.

Case II.—Lieut. C. R. T. Gunshot wound of abdomen in the region of the ilium, passing entirely across, could see the vermicular motion of the intestines. Great prostration with sloughing pain, mind clear. Treatment; brandy ad libitum, with morphia to quiet nervous symptoms; also, as nutriment, beef essence; died in thirty-six hours. The ball had passed entirely through to the bowels.

Case III.—J. W. C., æt. 22, Co. I, 25th Ohio. Wounded in the hand at the battle of Bull Run, Saturday night. Fingers amputated on the way to the hospital; wound sloughing, and projecting bone denuded of periosteum, five or six pieces removed, cut down to first row of metacarpal bones and got a flap, which did well.

Case IV.—H. H., æt. 44, Co. K, 63d P. V. Compound fracture of elbow from a wound received at Bull Run while in the act of capping his gun. The ball passed out above the joint. Great œdema with erysipelas inflammation running up to shoulder, pulse seventy-seven; Treatment; tinct. ferri choridi., twenty drops every two hours. Applied cold water with a portion of acetate of lead for five days after the disappearance of the œdema and erysipelas, when healthy pus flowed from the wound; placed it upon a well-padded angular splint, and when I left it was doing well.

Case V.—S. O., Scotch, æt. 27, color-bearer 79th Highlanders. While advancing with colors was wounded by a shell in foot. Treatment; cold water, doing well.

Case VI.—A. C., æt. 26, color-bearer 79th Highlanders. Advancing with his colors was wounded in the leg by a minie ball. Treatment; cold water, doing well.

Case VII.—O. D., æt 30, Co. F, 51st N. Y. V. Gunshot wound through fingers. Amputation by the writer; union by first intention.

Case VIII.—P. E., æt. 30, Co. A, 7th Wisconsin. Wounded by buck shot at battle of Bull Run in three places, hip, knee and leg, all of these were very painful, and upon removal suppuration had

taken place around them, their edges being jagged and flattened upon the bones.

Case IX.—T. M., æt. 42, Co. A, 11th P. V. Wounded in leg at Bull Run with two balls, found both in his pantaloons, fracturing both bones of the leg, with extensive comminution so complete that he desired amputation, which was approved of in consultation, and was performed by the writer above the knee; the muscles were dark and soft and bled very profusely, there was also hemorrhage from the medullary canal of the bone, (he had been a hard drinker, and had been seven days on the field;) reaction took place slowly, but when I left he was doing well, pulse good and spirits cheerful; some time after I was informed that he died, of what I did not learn.

Case X.—H. B., Co. E, 24th New York V. While lying on his right side was shot on the top of head by a round bullet, which, on penetrating the bone was cleft almost in two. When removed, after he was seven days on the battle-field, the writer found his left side paralyzed; on examination of the wound by the index finger, there was a round body still in the wound. The wound was enlarged and the bullet was found completely wedged in between the bone. With a pair of Pierce's Bullet Forceps attempted its removal, but they slipped and brought away a portion of lead. I then took one blade, and, by a prying motion, like a spoon handle, threw it out of its place; it weighed three hundred and fifty grains; several pieces of bone were then removed, and the free bleeding was checked by the use of ice. In the course of a day or two his paralysis became less, and when I left he had almost regained the use of that side and the muscles of his arm.

Case XI.—J. H., æt. 19, Co. K, 2d Wisconsin. Was shot through the muscles of the thigh while standing loading at the battle of Bull Run; a round bullet also struck the scapula, which bullet I removed by incision and use of the index finger. Doing well.

Case XII.—E. M., Co. F, 5th New York. Wounded at Bull Run by a bullet, which struck the tibia; amputation on the field below the knee; extensive sloughing took place; bone exposed; amputated at the middle third of the thigh by the writer, under the influence of choroform. Recovered.

Case XIII.—D. W. R. H., Co. K, 24th New York. Wounded by shell in frontal bone, destroying orbital plate and breaking the bone into numerous fragments, making an elongated wound of two inches; could see the brain, a portion of which had been lost, yet vision was not lost, but there was ptosis from loss of the attachment to the bone. Treatment; careful diet, cold water dressing; no pain, doing well. It is stated that this man, after he had received this dreadful wound, actually loaded and fired off his gun at the enemy.

Case XIV.—E. F., æt. 27, Co. D, 55th Ohio. Ball in right side of head, breaking bone and making a wound two and a half by one inch; no paralysis; appetite good; some pain in head; no medicine. Treatment; cold water and removal of spiculæ of bone; hemorrhage checked by ice.

Case XV.—A. C., æt. 23, Co. F, 101st New York. Wounded at Bull Run, compound fracture of tibia and fibula; from the wound protruded a mass of disorganized muscles and tendons. It took place while in the act of getting up to load. After consultation, it was deemed best to amputate at the lower third of the thigh, which was performed by the writer with success, under the influence of chloroform. This case made a good recovery after careful nursing.

Case XVI.—H. McG., Co. F, 21st Mass. Gunshot wound with fracture of both bones of the fore-arm. The arm was amputated on the field after the exposure of seven days. The parts sloughed, exposing the bone. After rest and free stimulants, secondary amputation was performed near to the shoulder under the influence of chloroform. The man did well.

GUNSHOT WOUNDS.

Of the Hip, upon which Supervened Pyæmia and Rupture of the Liver.

By Lewis Heard, M. D.,

Acting Assistant-Surgeon, U. S. A., Washington, D. C.

T. McG., aged twenty-six years, occupation a blacksmith, and a private in Company H. 121st regiment, N. Y. Vols.: of dark complexion, black hair, dark eyes; temperate habits, except used tobacco excessively; came into Finley General Hospital, Washington, D. C., May 8th, 1863, with gunshot wound of the left hip, received the 3d of the same month, in the battle of Chancellorsville, Va. He was placed in the First Ward, under the care of Dr. Logan. On examination, the ball (a minnie) was found to have entered at a point near the anterior inferior spinous process of the ilium, and taking a direction backward, had been cut out very near the posterior inferior spinous process of the same bone, having passed just at the upper edge of the acetabulum and the ischiatic notch. No hemorrhage; complained of pain in the hip and thigh, with inability to use them; pulse 90, of good strength; slight febrile excitement, moderate heat of surface; some degree of redness and swelling about the wounds; but little discharge. Bowels constipated; tongue very slightly coated; appetite impaired. He was placed in as easy a recumbent posture as possible, water dressings applied and an opiate given at night.

May 10th. During yesterday had less feverishness and pain; to have good hospital diet except meat; continue the water dressings, and to relieve the bowels, which were still costive, Ol. ricini fʒi, was ordered to be given in the evening. Pulse 80, full and of fair strength; thirst and heat far less. Bowels were well evacuated this morning.

May 18th. The treatment for the last seven or eight days consisted in an occasional laxative of Oleum ricini to keep the bowels soluble, and opiates given, *pro re nata*, to procure rest and sleep—the water dressings assiduously employed, and the wounds kept clean.

At this time slight chilliness being complained of, and the pulse becoming somewhat accelerated and of less resistance, with other symptoms of depression of the nerve power supervening, quinine in doses of gr. iij, was prescribed, and directed to be repeated every six hours. Milk punch, beef tea, chicken broth, and other nutrient articles of diet to be given; a laxative every third or fourth day to secure a proper state of the bowels, and a dose of morphia at bed time. Local treatment as before.

May 25th. The above remedial management has been pursued since last date, but no material change in the condition of the patient has taken place, except that the chilliness has in a great measure subsided, and he suffers less pain in the limb, and there is some improvement of the appetite. Tinct. ferri chloridi qtt. xij., to be given every six hours, alternating with Sulph. quinia. Same nutritious diet continued with a moderate use of wine. No change of dressings. The posterior wound has now healed. Discharge from the anterior one free and of healthy character.

May 31st. Up to this period there has been no change of treatment, as the patient gave evident manifestations of gradual improvement from it; is quite easy when perfectly at rest. Cannot, however be moved without severe pain, and even complains of suffering from the jarring of the floor by heavy walking over it.

At this time, Dr. Logan having been taken ill, the patient came under the care of Dr. Walter, who gave unremitting attention to him till the case terminated in death.

June 1st. At about ten o'clock last night he was taken with a severe rigor which lasted half an hour, when moderate reaction ensued, and at the end of one hour more copious perspiration broke out, accompanied with considerable tremulousness of the hands. This morning he is still perspiring, pulse, 130, soft and rather small; tongue dry and brown; some thirst; seemed cheerful and expressed hope of recovery.

℞. Quiniæ sulph. 3ss.
Acid. sulph. aromat., fʒj.
Tr. ferri chloridi, fʒij.
Aq. puræ, fʒij. M.
Ft. mist. Dose, a teaspoonful every two hours. Diet as heretofore.

June 2d. Patient continued comparatively comfortable through the afternoon of yesterday, but at about ten o'clock in the evening another severe chill occurred of about the same duration as the first, and followed by the same train of morbid phenomena. On the morning visit, was still perspiring; pulse 125, small and non-resisting; tongue dry; moderate thirst; tremor of hands the same; rather talkative, and expresses strong hopes of recovery.

℞. Ext. valerian fluidi, fʒij.
Carb. ammon. 3ij.
Glycerine, fʒj. M.
Fiat mistura. A teaspoonful to be taken every three hours. Gave, also, in addition to what he had been taking, quinine in doses of gr. v. ter in die.

Made but little complaint through the day. Diet the same; no change of dressing.

June 3d. Passed the night without chill; was somewhat delirious, with sleep disturbed; skin of natural temperature; pulse 135, of reduced force; tongue still brown and dry; persists in chewing his tobacco, the power of habit being so great. Has, for some days, had one alvine evacuation every twenty-four hours. Tremor of hands and arms rather increased than otherwise. Seems to require an effort to speak. At twelve o'clock he was seized with another severe rigor; pale and cadaverous expression of countenance; pulse more frequent and very small; and in half an hour from the commencement of the chill he died, evidently from the extent of the internal congestion.

Autopsy, Eighteen Hours after Death.

Body but little emaciated; the thigh of wounded side at least one-third larger than the other.

Thorax—Very little effusion into the left pleural cavity; quite extensive old pleuritic adhesions; lungs somewhat congested, but not the least appearance of consolidation. No tubercles, nor metastatic abscesses to be found.

Heart—Normal.

Abdomen—Vessels of the peritoneal covering of the intestines injected. No effusion into the cavity of the abdomen. Liver enlarged to one-third its natural size; of healthy appearance on its convex surface; but on raising it and exposing its concave surface, there was observed a rupture, commencing on the posterior edge of the right lobe, some three

inches from the apex, and extending transversely to the left three or four inches, and penetrating to the depth of, at least, a quarter of an inch, if not more, at the edge of the organ. A portion of the liver—not far from three and a half or four inches in diameter, through which passed the rupture—was of a very dark color, nearly black; soft, and easily broken down under slight pressure of the fingers; with hardly sufficient cohesion to sustain its own weight. It seemed disorganized—gangrenous.

On making incisions into this diseased part there issued a dark ichorous-looking fluid, not unlike that which is discharged from certain soft structures in a state of gangrene. No abscess was found in any part of the liver. The gall-bladder contained two or three drachms of dark-colored bile.

The spleen was very much congested, and enlarged to twice its ordinary normal size, and presented the appearance of having been denuded of peritoneum; was of unusually dark color, and so softened as to almost fall to pieces on being handled. Other abdominal organs were healthy.

On laying open the track the ball had taken, by cutting across the glutei muscles, several ounces of pus were discharged, which had burrowed about the hip joint and ischiatic notch.

The ball had passed so near to the upper edge of the acetabulum, as to wound the capsule and open the joint; the cotyloid ligament and the cartilaginous covering of the head of the femur, were corroded and rough to the feel.

No further examination of the limb was made. May not this case be considered one of pyæmia, though not sufficiently far advanced for the formation of metastatic abscesses, the sudden violent congestion having taken off the patient before the proper stage had arrived for these deposits?

It would have been interesting to have examined the condition of the veins, to ascertain whether there existed suppurative phlebitis or not, but there was not sufficient time given for this purpose, and it was not done.

How much the rupture of the liver, and the gangrenous condition of a portion of its structure had to do with the sudden termination of the case, is a question which cannot well be determined; there can, however, be but little doubt, that these, together with excessive congestion constitute the immediate cause of his death.

I have frequently witnessed great enlargement of the spleen, but do not remember to have seen one presenting the same appearance and condition as this one; the rough and abraded surface, I think, is not common.

It is possible the patient may have been suffering under the deleterious influence of the malarious poison, although no manifestations of this had been observed, till a few days before his death; and the symptoms then presented were those common to both pyæmia and intermittent fever; and besides this, there has been no miasmatic disease of any kind in the hospital for a long time as I can learn; but we have recently had a number of cases of pyæmia, some of erysipelas, and one of hospital gangrene.

Hospital Reports.

PHILADELPHIA HOSPITAL, *February 25th*, 1863.

SURGICAL CLINIC OF PROF. GROSS.

Reported by *J. E. Owens*, M. D., Resident Physician.

Staphyloma.

G. J., æt. thirty-five. Staphyloma of right eye. We observe, in this case, a tumor protruding between the lids, which seem to pinch it. It is a prolongation of the cornea. There are two varieties of this disease, the spherical and conical. This is spherical staphyloma. A considerable portion of the cornea is involved. The patient has had inflammation of the eyes for a long time. The cornea has become weakened and attenuated. It is unable to resist the pressure from behind. The iris is also pushed forward and has become adherent to the cornea, which has become opaque and abnormally vascular. This affection is incurable by local applications or ordinary means. The operation should be performed with a view to wearing an artificial eye. The most appropriate remedy is excision of the cone. For this purpose, the lids being held carefully out of the way, the apex of the tumor is transfixed with a tenaculum, and the knife is rapidly carried from above downward. Care is taken not to remove too much, otherwise the eye may collapse from the evacuation of its humors. If we remove too little, there may be a reproduction. There is great tendency to effusion of the humors of the eye. The cornea is so much softened and attenuated that it can scarcely be held by the tenaculum. The lens escapes through the incision. It is very much softened. The eye is immediately closed by means of adhesive strips, which must be so retained for three or four days. The object is to prevent the patient from using his eyelids, which must be kept perfectly quiet until cicatrization takes place. The case must be treated antiphlogistically. Give the patient one-third of a grain of morphia immediately. This is the only remedy in staphyloma.

March 26th. The wound healed without an untoward symptom.

Inflammation of the Eyes—Granular Lids.

G. McC., æt. thirty. This is a case of violent inflammation of the eyes, occasioned, the patient tells us, by his getting potash into them. There is extensive inflammation of the sclerotic coat, the cornea, and of the conjunctiva. The lids are granulated, but not so much as they were when he was admitted. They always exist simultaneously on both lids, but those on the lower lid are smaller. They are the result of a violent form of inflammation.

These little bodies, which are nothing but enlarged villi, found in such abundance upon nearly all mucous surfaces, are never present in ordinary conjunctivitis, while they are exceedingly common in that variety of inflammation which is attended with purulent discharge. They sometimes form in an incredibly short time. By rubbing against the ball of the eye, they cause inflammation of the other structures: the cornea, the sclerotic coat, and often of the iris itself. The cornea, in one eye, presents a pearly appearance, in consequence of the deposit of plastic matter. In the cornea of the other eye there is an opaque spot; the opaque spot is in the substance of the cornea; the haziness is superficial. In the South-West, where these granulations are extremely common, Dr. Gross has seen them form in immense numbers, and of quite a large size, in less than forty-eight hours after the commencement of the inflammation which precedes and accompanies them. In some regions of that country, especially in the Wabash Valley, of Indiana, in the Mississippi and other sections, the disease is occasionally epidemic. Boatmen, on the rivers, in this part of the country, are remarkably prone to its attacks. The disease is always attended with a profuse, purulent discharge. There is usually much pain, and considerable swelling of the lids; the former often extends to the temples and face. In this case the pain was deep-seated in the ball of the eye, but it is now better. His eyes have been inflamed for ten months. The general health of the patient is good. His skin is moist; the tongue is nearly clean; he eats and sleeps well.

In this house, such cases usually require tonics from the commencement; but when the patient's habits of body are good, blood may sometimes be taken from the arm, or by leeches from the temples and head. The light should be excluded from the eye, and let in very cautiously as the case improves. If the patient be in a room with fire or gas light, he should turn his back to it. Let sulphate of copper be applied, in a manner before mentioned, every forty-eight hours; this will be often enough. When the granulations are large, evert the lid and shave off these bodies with a knife. Be careful in performing the operation not to injure the tarsal cartilages.

eave the mucous membrane from which they spring, shaving off the granulations. There will be some bleeding, which should be encouraged with warm water. After the bleeding ceases, draw copper over the part, in order to prevent the reproduction of the granulations. Occasionally, advantage is derived from nitrate of silver. Dr. Gross prefers it in strong solution, sixty grains to the ounce of water, applied with a camel-hair pencil, once a day. You will find all of these cases remarkably obstinate. There is no specific treatment. That which we have given is a basis. Could the inflamed surfaces be kept apart, we could soon cure them. We can cure inflammation of the vagina by medicated plugs; chancres and balanitis by keeping the parts separated by means of lint. These are examples of the advantage to be derived from separating inflamed surfaces.

Dr. Gross is not much in favor of counter-irritation. If used at all, he prefers it low down in the neck; or, what is better, an issue in the deltoid. A seton is annoying; a blister is productive of no good as a revulsive. Attend to the general health and to the various secretions. Early in the case, when the patient is robust, restrict the diet. As the case progresses, let it be more liberal. Tonics will come in play at this stage, and will answer a good purpose. Give anodynes at night, to procure sleep, and let the patient be kept warm.

March 26th. His eyes have improved slowly; quinine and iron have been administered, and in conjunction with this, the following:

℞	Liq. potas. arsen.,	qtt. vij.
	Strychniæ,	gr. 1–25. M.
Sig.	Ter. die.	

About this time the patient suffered in consequence of severe pain above the eye and in the head. This pain came on about ten o'clock at night. Quinine, in ten-grain doses, was prescribed at nine o'clock, which at first relieved it, but now it seems to be losing its effect.

Neuralgia of the Eye.

M. W., æt. twenty-seven. Neuralgia of the eye. This girl is entirely blind. On the left side the eye has collapsed. On the right side we have that variety of opacity known as albugo. It prevents the passage of the rays of light, and is incurable. The iris is greatly diseased, as well as the other structures of the eye. The pain is deep-seated in the ball of the eye, and very severe. It begins about five o'clock in the evening, and continues all night. When the pain is severe, there is much lachrymation. She does not suffer much pain in the eye during the day, but she has then considerable headache. The patient has suffered thus for three weeks. She lost the use of her eyes above ten years ago. This is simply neuralgia of the eye and the parts around it. This affection is sometimes malarious; sometimes occurs without any assignable cause. She has been taking five grains of quinine and one-third of a grain of morphia, three times, daily. Let her now use the following:

℞	Quiniæ sulph.,	gr. iv.
	Acid. arseniosi,	gr. 1–10.
	Strychniæ,	gr. 1–30.
	Morph. sulph.,	gr. 1–7. M.
Sig.	Every four hours.	

Continue this treatment until there is some ringing in the ears. We use the above as anti-periodic.

℞	Veratriæ,	gr. x.
	Cerat. simplicis,	ʒss. M.

Let this be rubbed on the temple and the roots of the hair. There are few cases of neuralgia that will resist this combination. This patient was discharged March 21st, cured.

Medical Societies.

RHODE ISLAND MEDICAL SOCIETY.

Fifty-Second Annual Meeting.

The meeting was held in the Franklin Society's rooms, Wednesday morning, June 10, Dr. Henry E. Turner, of Newport, the President, in the chair. There was a fair attendance of members.

Dr. Geo. L. Collins presented the Treasurer's report, which was read and accepted.

The Librarian and Cabinet-Keeper of the Southern District presented a verbal report of affairs in his department.

Dr. C. W. Parsons, for the committee to name delegates to affiliated bodies, presented a verbal report.

Upon motion of Dr. U. Parsons, the subject of nominating delegates to other Societies was postponed to the semi-annual meeting in December next.

Upon motion of Dr. C. W. Parsons, the President and Secretary, were authorized to issue credentials to such members as are desirous of visiting other societies.

Dr. S. A. Arnold presented the annual report of the Trustees of the Fiske Fund, which was accepted and placed on file. No award has been made for the dissertations presented during the past year. The Trustees offer $100 for the best dissertation on each of the following themes:—1. What evidence is there that inflammatory and febrile diseases have undergone any change of type? 2. Gunshot wounds,

particularly those caused by newly invented missiles.

The Secretary presented obituary notices of members deceased during the year, including the names of Joseph Warren Fearing and J. James Ellis. The notices were referred to the Committee on Publication.

Dr. Ely presented the report of the Board of Censors, approving the application of Wm. H. Traver, of Providence, and Chas. G. Buttrick, of New Shoreham, to become Fellows of the Society, which report was accepted.

The Society then proceeded to ballot for officers for the ensuing year, with the following result:—

President—Henry E. Turner, of Newport.

Vice-Presidents—1. Jervis J. Smith, of Chepachet; 2. Otis Bullock, of Warren.

Recording Secretary—B. Lincoln Ray, of Providence.

Corresponding Secretary—Charles W. Parsons, of Providence.

Treasurer—J. W. C. Ely.

Librarian and Cabinet-Keeper, Northern District—Timothy Newell; *Southern District*—T. C. Dunn.

Board of Censors—David King, of Newport; Joseph Mauran, J. W. C. Ely, of Providence; J. H. Eldridge, of East Greenwich; Wm. A. Shaw, of Wickford; Sylvanus Clapp, of Pawtucket; Geo. W. Jenckes, of Woonsocket; Job Kenyon, of Coventry.

Registration Committee—Drs. Mauran, King, Bullock, Collins, Snow.

Committee on Publication—Drs. C. W. Parsons, I. Ray, and Ely.

Auditing Committee—Drs. Baker and Collins.

Dinner Committee—Drs. Ely and B. L. Ray.

Drs. C. W. Parsons and Brown were constituted a committee to transfer the Treasurer's books and accounts.

Wm. H. Traver and Chas. G. Buttrick were elected Fellows of the Society.

Dr. Mauran presented the report on Registration, which was read and accepted.

Dr. A. H. Dumont was announced as orator for the next annual meeting, and Dr. H. E. Turner as substitute.

An invitation was read from the Rhode Island Hospital to the members of this Society to attend the meeting of the Hospital Corporation this afternoon. The Society thereupon passed the following resolution:—

Resolved, That this Society view with the deepest interest the successful progress of the movement for the formation of the Rhode Island Hospital; a movement which began with the medical profession of the city of Providence, but has now been enlarged to embrace the whole State within the scope of its beneficent operations; and we promise the corporators of the Hospital all the aid and influence which we can furnish in its behalf as physicians and citizens.

The Society then listened to an address of uncommon interest and usefulness from Dr. David King. The address was suggested by the recent occurrence of the semi-centennial anniversary of the founding of the Society. It included, besides its historical details, a philosophic account of the various influences which made the art of medicine what it was at the foundation of this Society, and of those causes which have affected its subsequent progress.—*American Medical Times.*

American Dental Convention.

The ninth annual session of this body will take place on Tuesday, August 4th, at Saratoga Springs, New York.

American Dental Association.

The regular annual meeting of this Association takes place in this city, on the last Tuesday, (the 28th) of July next, at 10 o'clock, A. M.

Editorial Department.

Periscope.

FOREIGN.

OSTEOMYELITIS SPONTANEA DIFFUSA.

By Dr. Th. Demmé,

Lecturer on Surgery and Pathological Anatomy in the University of Bern.

Translated for the Medical and Surgical Reporter

By Prof. Louis Bauer, M. D.,

Of Brooklyn, N. Y.

[Continued from Vol. IX., page 391.]

Case Ninth.

J. K., æt. twenty years, had suffered from his earliest youth from affection of the glands. At his tenth year he was treated in this hospital for acute articular rheumatism. Since then he had had no relapse, although he has always been sickly. His present trouble began in October, 1857, with a severe chill, without his being able to attribute it to any cause. During intense typhoid symptoms which ensued, he was attacked by violent pains in the left ankle-joint, which, during the next day, settled in the thigh of the same side. Locomotion was immediately impossible, and very soon movement of the knee-joint was impeded. About the sixteenth day a swelling appeared in the middle of the thigh, but afterward chiefly in the lower third and in the neighborhood of the joint. After a treatment of fourteen days with leeches and mercurial ointment, the attending physician punctured the swelling without, however, finding pus. On the 20th the patient came under our treatment. The diagnosis was clear from former observations. After fourteen more days, during which time the threatening, acute symptoms were restrained by means previously described, an opening was made by the zinc paste, about four and a half inches in length, and thus, without the least hemorrhage, about three pints of pus were withdrawn from between the muscles *vastus externus* and *rectus femoris*. The periosteum was not touched. On account of the burrowing toward the muscles simi-membranosus and tendinosus, repeated counter openings had to be made. The collection within the knee-joint was also relieved. About the seventh week, the exhausting suppuration and profuse diarrhœa threatened a speedy fatal termination. Decubitus corresponding with the movable tibial epiphysis and at the sacrum appeared.

Not before the tenth week, however, did the lateral movement of the joint diminish. Luxuriant periostial granulations extended from the epiphysis to the middle of the femur. About the fifteenth week a part of this had been converted into a sequestral chamber, which lodged a sequestrum that extended even into the epiphysis. The joint was restored to a certain degree of mobility. The epiphysis of the tibia was still movable. In the sixteenth week the sequestral chamber was partly dissolved, and simultaneously appeared an acute œdema and thrombus of the femoral and popliteal veins. The sequestrum could thus be broken into small pieces and extracted. In its largest circumference, it corresponded only to a part of the shaft, and its calibre was greatest at the epiphysis. Its whole length was about three inches. It was also considerably altered by inflammation.

Its structure exhibited several dilated canals and confluent spaces, and was of a dark brown color with black spots. In a few weeks, by the use of tincture of iodine and pyroligneous acid, the suppuration was diminished. From the periosteum and the interior of the sequestral chamber, a porous, bony product began to form, which increased until the shaft became almost double its normal size, and, of course, re-established its former firmness.

Under the use of tonics, the strength of the patient was soon restored, the fistulous tracks closed, and on the 14th of May, 1858, (after two hundred and six days,) the patient was sent, convalescent, to the Schintznach baths.

Case Tenth.

G. G., æt. seventeen years, a feeble and sickly lad who, when fourteen years old, had suffered from typhus, was received on the 3d of March, 1858. About three weeks ago he was attacked by violent fever and repeated rigors, accompanied by a boring pain in the middle of the left thigh. In a few days locomotion became impossible; there was a greater fulness observable at the affected locality. The attending physician detected, on the eighth day, a wide-spread, acute œdema, and a deep-seated, well-marked, and circumscribed tumefaction, occupying the middle third of said member. The parts involved were dense, but not hard. The skin exhibited a bright red, yellow color. Deep-seated cords could be noticed corresponding with the saphenous and femoral veins. The fever had assumed a typhoid character. In spite of the persistent use of ice and depletion, the tumefaction had, at the end of the second week, already proceeded beyond the knee-joint, which was slightly flexed, but not tender.

At the fourth week an opening was made by zinc paste, but the periosteum was not divided until a week later.

The discharge was sanious and rancid and mixed with coagula. The bone was bare to a great extent. On account of the pus burrowing, twelve openings had to be successively made at the posterior circumference of the thigh. Death seemed pending, from exhaustion; nevertheless, relief was accomplished in two hundred and seventy days. The soft parts were sunk in, traversed by deep scars, and fastened to the bone. The femur was almost throughout its entire length enlarged. The lower epiphysis double its original size, but not displaced. The previously abnormal mobility of the knee-joint has become less than normal. The union between the tibial epiphysis and its shaft has been accomplished with a posterior deviation. In the course of the treatment the case was complicated by hypostatic pneumonia. There was no necrosis in this case.

Case Eleventh.

This case occurring in F. K., aged 16 years, differs but little in essential points from the preceding two, and its details can therefore be excluded without detriment to this contribution.

Case Twelfth.

Eliza M., servant, æt. 19 years, received on the 23d of July, 1860; of a feeble and evidently anæmic constitution; was attacked about three weeks previously by a diffuse osteo-myelitis of the right femur. At her reception, the whole thigh was intumesced and fluctuating, especially in the neighborhood of the epiphysis. The integuments were œdematous and presented a glossy, dirty pale color. Distention of the femur with abrupt termination above and below. Pulse, small and frequent, exascerbation inconsiderable; tongue coated, no appetite; diarrhœa and considerable prostration. The treatment was internally, tonics—externally, Tinct. of iodine and an incision along the lower margin of the vastus-externus of five and a half inches in length. The periosteum already detached was divided; a considerable quantity of sanguineous ichor flowed from the wound. It was then bandaged as former cases. In the sixth week the epiphysis began to separate from the shaft. Increased softening of the internal ligaments of the knee-joint, displacement of the epiphysis of the tibia posteriorly. On account of the several abscesses and the infiltration of pus, repeated incisions were made. Threatened perforation of epiphysis of the tibia, which was, however, prevented by proper position. In August, 1860, a favorable change was observed. Osteoid growths of the periosteum extended over the greater part of the femur, particularly thick near the epiphysis, which increased in firmness. Normal form of the joint. The only condition that remained unaltered was the position of the tibia which still retained its abnormal mobility. At the end of September, the patient had made still further progress. She could raise her limb with perfect freedom. Suppuration, however, still continued from the first incision. The consolidation of the epiphysis, and cure, were accomplished by the use of the plaster of Paris bandage. In October the condition of the patient was so favorable that she was allowed to get up. But still, the diffuse œdema continued. At the end of October, the incision which was about healed, re-opened and discharged a quantity of ichor, with several sequestral fragments. Soon after, in consequence of a new febrile action, softening of the osteoid deposits set in. The epiphysis again moveable; joint refilled; paralytic weakness of the limb; a thrombus in the femoral vein, increased œdema. Several abscesses which had formed on the inferior and inner surfaces were re-opened, which also discharged some necrosed fragments. By the use of Tr. of Iodine the suppuration was diminished, and the plaster bandage again restored the continuity of the epiphysis with the shaft. On the 1st of April, 1861, the patient was sent to Schinznach. The femur was thickened to almost its full extent. The knee-joint was almost perfectly anchylosed. The patella inwardly displaced, and the epiphysis of the tibia retaining its former sublaxation, and was much thickened. The incisions were almost completely cicatrized. The strength of the patient was considerably increased by the use of iron and cod-liver oil. When standing or walking, however, there was still considerable œdema and impediment of the venous circulation, which was shown by the dark blue color of the skin. The femoral vein was permeable.

Thirteenth Case.

Elizabeth P., æt. 20 years, servant, a chlorotic hysterical girl, was received on the 29th of April, on account of a diffuse osteo-myelitis of the right femur. About five weeks before, she was attacked with severe pains in the right thigh, without any attributable cause. At the end of the first week, after an intense fever, a large swelling situated at the lower third of the femur was observed. which pressed against the tense rectus femoris and vastus-externus, and which was characterized by all the symptoms already described. The circumference of this joint was 11 ctm. more than on the left side. The knee-joint was in this case only temporarily comprised in the affection, but no purulent collection formed. At the fourth week an incision six inches in length was made and the limb otherwise treated as before. The course of the disease was distinguished by repeated attacks of jaundice. Recovery ensued with sclerotic and osteo-plastic changes without necrosis. The

final cicatrization of the openings was very protracted. The patient was, however, discharged on the 4th of November, 1861, after a treatment of 189 days.

Tannin in Diseases of the Respiratory Organs.

M. Woillez has described the results which he has obtained from the use of tannin in affections attended with excessive bronchial secretion. He has given the medicine in pills, each containing from 15 to 20 *centigrammes* (about 2¼ to 3 grains); of which two were taken twice daily at mealtime. The treatment has always been borne well. When continued for a long time, it seemed in two or three cases to produce some nausea before meals; but this ceased on merely suspending the medicine during three or four days. In no case was obstinate constipation produced. M. Woillez first used tannin in brochitis, and subsequently in certain pulmonary congestions, in the bronchial dilatation attending the termination of some cases of pneumonia, and in phthisis. In bronchitis, with subcrepitant rales occupying at least the bases of both lungs posteriorly, M. Woillez has given rhatany (which contains tannin,) and also tannin itself, with the effect of diminishing the secretion. He relates the case of a patient, aged 70, who had pulmonary emphysema with bronchitis, and of one aged 67, who had an attack of subacute bronchitis, in both of whom four-*gramme* doses of rhatany were given each day with distinct benefit. On the other hand, tannin has little or no efficacy in chronic bronchitis, when the excessive secretion has become a kind of organic habit. The preliminary congestion which attends severe fevers, especially of the typhoid class, has been rapidly removed under the use of tannin given in the doses indicated above. In one case especially, where the engormement of the bronchi was so great as to produce extreme dyspnœa and cyanosis, these symptoms were rapidly removed by the tannin. In the intra-bronchial hypersecretion which accompanies uncomplicated bronchial dilatation, tannin produced no effect beyond slightly diminishing the abundance of the expectoration. M. Woillez also tried gallic acid in these cases, but with scarcely more marked effect.—*Gaz. des Hôp. and Dublin Med. Press.*

DOMESTIC.

"Scavengers of Nature."

In the Report of the Board of Health of the City of Sacramento, California, for the year ending March 31, 1863, Dr. H. W. Harkness has the following remarks in respect to the influence of the terrible inundations of the winter of 1861-2 on the public health. They shew a remarkable provision in nature to counteract the evil effects which might otherwise arise from decaying vegetable matter.

"The sanitary condition of our city during the past year fully confirms me in the belief that the simple overflow of lands, although existing for months during the cold season, is not necessarily injurious to the health of the locality, providing there be not a large quantity of decomposing vegetable matter to poison the atmosphere upon its subsidence. Of the truthfulness of this theory we have, as I think, ample evidence in the results of the flood we have of late encountered.

"The inundation of December, 1861, took place at a time when our city was best prepared for it. The vegetation, already completely dessicated by the autumnal sun, had almost entirely disappeared; the deposit of alluvion or sedimentary matter buried the remainder. This sedimentary deposit, so pernicious in many localities, was really to us benificent. Had the supply of water been derived from the drainage of table lands, covered with lakes and swamps, bringing with it the debris of the previous summer's luxuriant growth, together with the myriad germs of plants of a microscopic and larger growth, the results would, no doubt, have been far different. But such was not the case. The water was derived exclusively from the American river, supplied from an exceedingly mountainous and sterile tract of country, furnishing but little of that material which would contaminate the atmosphere, and, beside the cottonwood and willow, but few of the germs for future growth.

"Owing to the above named causes and the low temperature of the waters, no deleterious effects were apparent on its subsidence. But there were those who believed that much mischief would result from the great numbers of pools left in every part of the city, and that when these became heated by a semi-tropical sun, fevers would prevail to an alarming extent. These sad forebodings were, happily, not realized.

"To the student of natural history these small bodies of water were a great source of instruction and delight. In no place on this continent, perhaps, was there ever a better field for the observation of the microscopic world. In none, owing to favorable accidents, was there a greater diversity of the living organisms which the microscope reveals.

"These bodies of water were the favorite localities of the vast family of microscopic plants, whose germs are in many instances conveyed in the air. Amongst these may be mentioned the *Valvox Globator*, the *Bacillaria*, the *Diatomea Vulgare*, and the great family of the *Conjugatœa*, all of which are so minute as to be invisible to the unaided eye. These, if allowed to multiply without hindrance, would soon fill the water, and, although not noxious in their living and growing condition, would, on their death and decay, poison the air we breathe. Such results are counteracted by a new set of living organisms more wonderful still.

"All our citizens have noticed the green scum found floating on the surface of shallow ponds, from which they are accustomed to turn with disgust, and ascribe to it some injurious property. Push aside with a cane this apparently filthy covering, and you will observe the water, which but a day or two since was turbid, is now sweet and clear.

"Bring a portion of this green scum under the powers of the microscope, and it is found to consist of innumerable slender cylindrical-formed animalcules (the *Enchelia* of Ehrenberg), whose interiors impart the color from their distention with vegetable matter. And thus has this wonderful change been brought about by the innate wants of this living and

growing spec, varying in size from 1-1200 to 1-400 of an inch; the matter which would otherwise decay and putrify is removed and its noxious effects on man and beast prevented. Other pools are alive with *Monads*, still more minute, whose bodies, from the same cause, impart to the water a tint of paler green. Others, again, are teeming with the *Rotifer Vulgaris* and the *Paramecium*, presenting the appearance of a greasy film as they float upon the surface of the water; the *Vorticella Convullaria*, with its wonderful apparatus for obtaining its food; the *Brachionis*, with its tortoise-like shell; the *Vibriona*, with elongated bodies so small as to require an instrument of great power in order to observe them, and many other varieties, all actively engaged either in the destruction of vegetable matter or in preying upon one another.

"In this manner the equilibrium between the minute vegetable and animal kingdoms is preserved by the action of these living atoms, who have well earned the title of 'Scavengers of Nature." The water is rendered sweet and clear, and many of the fairest portions of earth are made fit for the habitation of man."

Pregnancy of a Young Girl.

We find the following extraordinary case in the *Boston Medical and Surgical Journal*.

Dr. Josiah Curtis, of this city, in his Annual Report to the Legislature, of the Marriages, Births and Deaths in the State for the year 1858, alluded to this very remarkable case, and being much interested in it, he has since that time collected the most satisfactory evidence of the facts. For the last year or more, Dr. C. has been at the South with the Army, and at the last meeting of the Society, portions of letters were read that were sent by him:—1st, from Mr. Allen Presbby, one of the Overseers of the Poor in the town of Taunton, in this State; 2dly, from Dr. Alfred Baylies, of Taunton; and 3dly, from Mr. David Bassett, Superintendent of Almshouse at Taunton.

Mr. P. says (Nov. 15, 1858):—"Elizabeth Drayton was born at the Almshouse in this town, May 24th, 1847; so says the record in the old Family Bible belonging to that establishment, and so also says Dr. Alfred Baylies, who was with the mother when Elizabeth was born. His book also corresponds with the time and circumstance. Dr. Baylies was also with Elizabeth on the first day of February last, when this male child was born, a nice, full-grown, plump baby, weighing eight pounds, good weight. These are facts, against which there does not exist a shadow of a doubt.

"The reputed father of this child is a lad said to be about 15 years old, and belongs to the State of Maine. There are some circumstances in this case which go to prove that this precocious girl was pregnant twenty-four days before she was 10 years old. On the first day of May, 1857, they were detected in their illicit pleasures by his aunt, who lives in Norton, with whom she had lived two years or more, and to whose house he had come to make a visit of two or three weeks. Immediately after they were caught together, he was sent home forthwith to his father, who resides in Bangor, Me. The child was born the first day of February, 1858, leaving a space of just nine months. He is a fine little fellow, of a very handsome model, hair curls a little, has a bright blue eye, and to all human appearance he has the essential elements in him to make a great man. His growth thus far corresponds with his age. The mother is a fleshy, healthy girl, and rather larger than girls of her age."

Dr. B. (Dec. 20th, 1859) gives the same dates as Mr. P. for the birth of the mother and her child, and says:—"They are of pure Yankee blood and in fine health. The mother menstruated once or twice before conception, was of good size for her age, and was tolerably healthy during gestation, but had a rather lingering time at her confinement, which lasted two or three days, though perfectly natural. The child weighed at birth 8 pounds, and to-day he weighs 37 1-2 pounds. The child nursed his mother until last March, at which time he was weaned, though from poucity of nourishment he was fed somewhat after three months. The reputed father of this child was at the time of conception, between 16 and 17 years of age. The Warden of our Almshouse, both he and his wife, Mr. and Mrs. Bassett think the little boy uncommonly smart, and in appearance he beats all the boys of his age that I have seen. He appears well formed, and of great muscular strength.

Mr. Bassett (April 28, 1861) also confirms the dates as to the birth of the mother and child. "This last," he says, "is now living with us at the Almshouse. His weight is 46 pounds, he is 3 feet 5 inches high, he enjoys very good health and always has; is very strong for a child of his age, both in body and mind, and shows a strong desire to be captain in all the athletic plays which the children generally engage in, some of whom are much his seniors in age. * * * The mother was rather large of her age, and for nearly a year was complaining; she now has perfect health."

Reviews and Book Notices.

Mitchell's New, General Atlas, containing Maps of the various Countries of the World, Plans of Cities, etc., etc. Philadelphia: Published by S. Augustus Mitchell, Jr., 31 South Sixth Street. 1863. Price $7.

We have received a copy of this splendid work. It is in large, quarto form, substantially bound, and contains fifty-three quarto maps, besides plans, in all, eighty-four maps and plans, added to which are twenty-eight pages comprising a list of Post-offices in the United States, and some valuable statistical tables. These tables consist of a comparative view of the population of the United States, by States and Counties, for the years 1850 and 1860; a table of population, governments, etc., of the world; a table of distances between foreign ports and cities, and of land routes between places within the United States; the mountains of the world; and the rivers of the world.

The changes in the map of the United States, made by the last Congress, are indicated, giving the bounds of the new territories of Dacotah, Idaho, and Arizona, and the new State of West Virginia. There are also plans of the principal cities of the United States.

In such times as these, when events are constantly transpiring that every one is interested in, such an atlas is invaluable for reference and worthy of a place on the centre table in every family.

Veterinary Medical Association.

The Veterinary Medical Association, met at the Astor House, New York, on the 9th inst. The election of officers resulted in the choice of Dr. J. H. Stickney, of Boston, for President; R. W. Curtis, of New York, as Vice President, and A. S. Logeman, of New York, as Secretary. Able and interesting addresses on the nature and treatment of horses were delivered by Drs. McClure, Jones and others.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JUNE 27, 1863.

MALIGNANT SCARLATINA;
"Spotted Fever."

In the Reporter of May 23d, we spoke briefly of a form of disease which has for some time been prevailing near the City of Philadelphia, and which has attracted considerable attention, under the name of "Malignant Scarlatina." As we had seen none of the disease ourselves, we published an account of it from the pen of an intelligent correspondent, who quoted the views of several physicians, some of whom we know to be men of intelligence, and who regarded the disease, as it fell under their observation, as a malignant form of Scarlatina. We have seen no description of the disease as yet that would induce us to give it another name, though we are aware that it is regarded by some as a "new disease."

A correspondent, who dates his communication from Falls of Schuylkill, denies emphatically that the disease is Malignant Scarlatina, and quotes several eminent physicians of this city as agreeing with him. The symptoms detailed by our correspondent are as follows: "The disease commenced with a chill, followed by pain in the head, delirium, and spots, of a livid, or purple appearance, each spot entirely distinct or separate, varying in size from an eighth to half an inch in diameter, and ragged in appearance. Most of the patients complained of pain in some part of the extremities in a circumscribed spot, and at which point no redness could be observed. The soreness of throat was entirely nervous spasm, so that the patient for a few hours could not swallow, but this would soon pass away, after which there was no further complaint. The pulse was weak and quick, with great nervous disturbance, the patient tossing and throwing himself about the bed so as to require two or three attendants."

As this journal is a medium for the exchange of thought, we trust that such of our readers as have had an opportunity of observing this disease, be it in their opinion a form of Scarlatina or not, will aid in elucidating its history, course, symptoms and treatment. So far as at present appears, we see no occasion to dignify the disease with a new name, and have no doubt that an intelligent comparison of the affection, as it has appeared in different localities, will place it in an existing classification of diseases, without burdening our already too extended nosology with a new name, and until we are satisfied that the description first given us is incorrect, or the views erroneous, we shall continue to apply to it the name at the head of this article.

BOARD OF HEALTH,
Sacramento, Cal.

The sanitary interests of the City of Sacramento, California, are in the hands of five medical men, one of whom, certainly, we know to be thoroughly competent to perform the duties of the position. In thus appointing medical men, who, by virtue of their office are sanitarians, the citizens of Sacramento have shown a wisdom and foresight that ought to commend themselves to the inhabitants of every city in the land. We have no doubt that the labors of Dr. Logan and his coadjutors will impress themselves on the city of Sacramento for all time, and that thus, future generations will have cause to bless the policy which, in the early history of their city, placed its sanitary interests in hands that were competent by education and habit to recommend such measures as were calculated to secure the highest degree of health attainable in a large city.

When will the time come that the sanitary interests of all our towns and cities shall be taken away from the mere politician, and placed in the hands of competent men?

The Profession of Cincinnati and the Surgeon-General.

The following account of the proceedings of a meeting of the Profession in Cincinnati we find in the *Lancet and Observer* of that city:

A meeting of the Regular Medical Profession of Cincinnati convened pursuant to call in the lecture-room of the Medical College of Ohio, Wednesday morning, May 27th, to consider the late Circular No. 6 of the Surgeon-General of the United States in reference to the use of calomel and tartar emetic. Dr. L. M. Lawson was called to the chair, and Dr. W. B. Davis, was elected Secretary. On motion, Drs. Comegys, Graham, and Dodge, were appointed a committee to report the sense of the profession of this city, and the meeting adjourned to meet on Saturday, 30th May.

At the adjourned meeting, there was present a large gathering of the profession, and a full and hearty expression of opinion was given by many of the gentlemen present, endorsing the spirit of a report, which was read by a Committee, and unanimously adopted. Appended to the Report are the following resolutions and discussions:

Resolved, That the removal of W. A. Hammond from his position as Surgeon-General would meet the approbation of the profession, be of advantage to our soldiers, and creditable to the Government.

Resolved, That these proceedings be published.

Pending the consideration of the report, several medical gentlemen gave their observations in different portions of our army and in General Hospitals.

Dr. C. Muscroft said: "I have been in the service eighteen months, in Western Virginia, Kentucky, and Tennessee, and have seen no cases of salivation or any abuse of mercury; a part of the time I have acted as Medical Director of a division of the army."

Dr. G. C. Blackman said: "I have seen as many hospitals and as many battle-fields as any man in the army. I was a long time Medical Director of General Mitchell's Division: was two months at General McClellan's headquarters on the Peninsula, inspected General Franklin's Division; yet saw nor heard of any mercurial salivation or gangrene."

Dr. Mendenhall stated that he had recently inspected for the United States Sanitary Commission the hospitals at Washington and field-hospitals of the army of the Potomac, and, although his attention was directed to the effects of mercury as a remedy, yet he neither saw nor heard of any cases of salivation.

Drs. Judkins and Comegys, who had acted as Sanitary Inspectors for New York city and vicinity, saw no cases of salivation or gangrene.

Dr. Sexton, who had been over a year in the army of Western Virginia, had known of no abuses of the remedy.

Letters from Louisville, and other information, corroborated the above statements.

L. M. Lawson, M. D.,
Chairman.

W. B. Davis, M. D.,
Secretary.

Notes and Comments.

Ergotism in Ohio.

Dr. E. Lynch, of Lancaster, Ohio, in a recent communication speaks of some peculiar phenomena which have manifested themselves in his female patients. He says, "I have had under my treatment for the last eighteen months, from thirty-five to forty patients who seemed to be unanimous in describing their feelings in the following manner. A continual nausea, and, sometimes, a sense of weight or pain in the head, also, a dilatation of the pupils, vertigo frequently during the day, particularly when stooping. They also complain of lassitude, a sensation of swelling and tension of the lower part of the abdomen, of lumbar and sacral pains, and weight in the loins, menstruation very irregular and profuse."

Dr. Lynch attributes these anomalous symptoms to the use of rye bread, and infusion of rye as a substitute for tea and coffee, believing that the rye contains ergot sufficient to account for the symptoms.

Dr. Lynch concludes as follows: "I remember the remarks made use of by one of my professors twenty-five years ago, in a lecture on rye, the celebrated Byrne, of Glasgow, Scotland, in which he said the grain was adapted only to be manufactured by brewers and distillers." It is, however, only the diseased portions of the rye—the ergot—that gives rise to the symptoms detailed above. If pains is taken to remove these diseased grains, no unpleasant symptoms will result from the use of rye. This is demonstrated in the constant use made of it for bread by farmers in almost every portion of the country.

Berkshire, Mass., Medical Society.

The forty-first annual course of lectures in this institution begins early in August next. This is one of our very best country medical schools. It has been established a long time, and has achieved quite an enviable reputation. Its facilities for teaching are good, and the classes are usually quite large. Its summer reading term, which is gratuitous to those who attend the lectures, has just commenced.

The Trustees have established a chair of Military Surgery and Hygiene, on which a full course of lectures will be given by Professor Wm. Warren Greene.

Pittsfield, Mass., where the College is located, is one of the most beautiful towns in New England, which is saying a great deal. The society is good, and the situation altogether a favorable one for study. The college building is new, and well adapted to the purpose.

Vital Statistics.

In the year 1861, for which the returns have lately been completed, 26 persons were killed by lightning in England, 44 railway passengers by accidents occurring without their own fault, 4 persons by hydrophobia, 11 men were executed, 63 persons died from privation, 529 from insanity, 258 persons were accidentally poisoned, 982 men and 365 women committed suicide, (6 of these people were above 85 years old, 9 were under 15,) 2,351 persons were accidently drowned, 524 men and 133 women died of alcoholism, 16 men and 24 women died of melancholy, 1 man of rage, 2 women of fright; 12,056 men and 15,317 women died of no other cause than old age. The oldest person who died in the year was a woman of 112 in Flintshire.

Correspondence.

FOREIGN.

LETTER FROM W. N. COTE, M. D.

GENEVA, *Feb.* 9, 1863.

(Continued from page 111.)

Prize Questions.

The Academy of Medicine offers the following prize questions: To trace the history of Pellagra, (5,000 frs., 1st of April, 1864); On the application of electricity to therapeutics, (5,000 fr., 1st of April, 1866); On the preservation of members by preserving the periosteum, (the Academy offers 10,000 fr., the Emperor also 10,000 fr., 1st of April, 1866.) Could not some of our American doctors enter upon the list of competitors and write some treatises on these subjects?

Obesity.

I borrow the following curious cases of obesity from an interesting book just published by M. FERDINAND CAUNIERE, entitled, *De la Médicine Naturello Indo-Malgache.* In a well constituted adult the proportion of fat is not more than about a twentieth of the weight of the whole body. It may exceed that proportion to a certain extent, without inconvenience, but it becomes a regular disorder when it reaches the proportion of one-half. Individuals have been known to weigh from 600 lbs. to 800 lbs. A man spoken of by WADD had attained the enormous weight of 980 lbs. An Englishman named BRIGHT, mentioned by COE in the 'Philosophical Transactions,' weighed 616 lbs. at his death, at the age of ten he had weighed 140 lbs. BERTHOLIN mentions a child of that age who weighed 200 lbs. Drs. PERCY and LAURENT mention a young German woman, who at her birth weighed 13 lbs., at the age of six months, 42 lbs., at the age of six years, she could carry her mother and promised to become unusually muscular. At twenty she weighed 450 lbs. She measured five feet ten inches in height. The circumference of her arms was 18 inches. She could carry 250 lbs. in each hand. Was active, and could walk for an hour without feeling fatigued. She did not eat more than an ordinary person. Drank tea in abundance, and was remarkable for her good humor. As a general thing, obesity is not accompanied with longevity. Most fat people are of a plethoric habit, and the functions of the principal organs are always more or less impeded, which naturally causes various affections. M. CAUNIERE'S book contains several curious facts, and some useful hints, derived from his experience of the wonderful cures performed by the natives of Madagascar, who only use medicines drawn from the vegetable kingdom, and to whom bleeding, whether by the lancet or leeches, blisters and cauteries, are unknown.

Logwood as a Disinfectant.

Dr. DEMARTES informs us that his plan of disinfecting gangrenous sores by the extract of campeachy wood, which I mentioned some months back, has been tried with success in the French ambulances in Mexico.

Experiments with Sulphur.

M. DIETZENBACHER of Germany, has published an account of some curious modifications which might be produced in sulphur, by a small quantity of iodine, bromine, or chlorine. Sulphur then becomes malleable at the ordinary temperature, and remains so for a length of time. It is moreover transformed into insoluble sulphur, discovered some years ago by M. CHARLES ST. CLAIRE DEVILLE. If 400 parts of sulphur be heated with one part of iodine, at a temperature of 356 degrees F., the mixture, when cold, presents a mass possessing elasticity, which it preserves some time. Iodide of potassium produces the same effect. Sulphur, thus treated, becomes insoluble in the sulphuret of carbon, which, however, assumes a violet color. Bromine mixed with sulphur, in the proportion of 1 per cent., produces a yellow mass resembling wax, and much softer than the preceding one. Only about 20 per cent. of this compound will dissolve in the sulphuret of carbon. A current of chlorine passed over sulphur at a temperature of 475 deg. F., produces a mass which is easily drawn into threads, and the fragments of which will join by pressure. After handling it for a few hours it will suddenly become hard and insoluble in the sulphuret of carbon.

Manufacture of Sugar.

M. REYNOLD writes on the application of bisulphite of lime to the manufacture of sugar. He states that this bisulphite, when used alone without any admixture of lime, is extremely hurtful, even when the nature of the juice requires it, since it not only does not replace the lime as a purifying substance, but also leads to transformations which cause a great deal of sugar to be lost. Thus the sulphurous acid of the bisulphite, in absorbing oxygen, is transformed into sulphuric acid, while the remaining sulphite is changed into sulphate of lime. Now, sulphuric acid, when brought into contact with cane sugar, transforms it, first, into grape sugar, and then, by further action, into ulmic and formic acid, and also into ulmina. Whenever, therefore, the bisulphite of lime is used, it ought to be mixed with an excess of lime. The juice of the cane should never present the slightest acid reaction when brought into contact with litmus paper.

Ventilation.

You remember that a few months ago I mentioned an interesting paper by Gen. MORIN, on the ventilation produced in apartments by fire-places. Since then he has chosen for his experiment the room of the Director of the Conservatoire des Arts et Mitiers. This room may be heated at pleasure, either by a fire in the fire-place, or by a mouth of the calorifire of the establishment. Experiments were first instituted to ascertain the volume of air evacuated by the fire-place by the mere action of the difference of temperature of the outer and inner atmosphere. This

natural ventilation was found to be, on an average, 400 cubic metres of air per hour, when the outer temperature was between 35.3 and 50 Fahr., and the inner temperature was between 64.4 and 71.6 Fahr. Hence, this room is sufficiently ventilated by the mere aspiration of the chimney, even when, instead of one person, it contains, as it sometimes happens, ten or twelve. Direct experiments afterward showed that the mouth of the calorifire introduced 157 cubic metres of air at 68 F. per hour, when the temperature of the calorifire was between 158 and 212; but when the temperature of the calorifire was 113 degrees, it only furnished 123 cubic metres. The quantity of air thus introduced through the interstices of two windows and two doors was found to be 246 cubic metres per hour. The fire-place drew from 1.200 to 1.300 cubic metres of air per hour, the amount of wood consumed being 8.26 kilogrammes, (about 16 lbs.) per hour. The same quantity of air was drawn when the fire consisted of coal, the quantity burnt being 4 kilogrammes, (8 lbs.) per hour. From these experiments, it appears that nearly the whole of the warmth produced by combustibles in an apartment, is carried off through the chimney, and the only useful part of it is obtained by radiation.

(To be continued.)

DOMESTIC.

A TUMOR OF THE FOOT
Weighing Nineteen Pounds.

Snow Hill, Md., *June 2d*, 1863.

Editor Med. and Surg. Reporter:—Thinking that this case, (from the size of the tumour in that locality) is a rare one, and that for this reason it may be regarded as one of interest, I propose to report it.

It occurred in a woman of nervous temperament—æt. 30, at the time of its removal. It first appeared in early childhood (at which time, from what I have learned of the history of the case, it seemed to be a mere swelling of the ankle joint) and increased in size until or nearly to the time it was removed.

The tumor was adherent to the skin, and seemed to be in close connection with the joint. The foot had never grown to the normal size, and the leg, which seemed to have indurated veins on the lower portion, had wasted very much within a few years. The pulse and expression of the countenance indicated debility and grave suffering. The skin and superficial veins of the lower half of the leg being involved, as well as from the great bulk of the tumor and the small size and deformity of the foot, amputation, below the knee, was decided upon. The patient did not at first assent to it, but it was not long before her suffering was such that she begged to have it done. Assisted by Dr. Upshur, I amputated the limb about five inches below the knee. The stump was healed within three or four weeks. If microscopic evidence can be relied upon, this tumor (twelve months prior to the operation) might have been regarded as what has been described as 'recurring fibroid.' Weight of tumor with foot and portion of leg amputated, twenty-one and three-fourths pounds, the tumor alone weighing upward of nineteen pounds.

J. B. R. Purnell.

GARIBALDI PROBE.

Philadelphia, *June* 13, 1863.

Editor Medical and Surgical Reporter:—The ingenuity of Nelaton having furnished a much needed instrument in the bisque probe for the detection of the presence of musket balls lodged in the body, in cases where the diagnosis lies between bone and lead; and the procuration of bisque rods being often difficult, I have to advise the use of white, or opalescent glass as a substitute. I have frequently and successfully made use of the latter myself, during the past five months, in cases of doubt, in the Sixteenth street U. S. A. Hospital, and am sure that it possesses every advantage of the former material, beside another of great value often times, in that it is readily obtainable at any glass store, and is quite inexpensive. A rod of the requisite thickness and color may be simply and readily prepared by first rounding the end a little, by holding it in the flame of a spirit lamp, and then rasping it off with emory paper.

This, passed down and slowly rotated, with gentle pressure against the ball, will attach to itself the leaden mark so intimately, as to again require the use of the emory paper to entirely remove it.

Edw. L. Duer, M. D.

DISEASE OF CERVICAL NERVES.

Poughkeepsie, N. Y., *June* 11, 1863.

Editor Medical and Surgical Reporter:—During the month of August last, a man twenty-seven years of age, a painter by trade, called on me, and wished to know if I could cure him, if not, he would be obliged to give up work and die. He said that he had advised with a number of physicians in relation to his case, and as yet had not received any benefit, and that now, his life had become almost insupportable to him.

He said, in 1855 a pain seized him on the left side of his neck, on a line with the fourth cervical vertebra, which felt to him like the sting of a bee. After remaining there for some months, it appeared to extend to the opposite side of the neck on a line with the same vertebra.

From these two points the pain, accompanied with extreme sensibility of the skin, spread over the front of the neck, down to the shoulders, and over the fore part of the chest. At times, he said, he would feel intense pain at the extremity of the coccyx and in his heels. For a long time he could neither wear shirt collars nor suspenders from the great pain they caused him.

Sometimes he would be obliged to pass the greater part of the nights in walking the floor and rubbing his neck. Latterly, he said, it was impossible for him

to obtain a night's rest. When he lay down it was necessary to bolster himself up in order that no pressure should be made on his neck.

On examination, I found it gave him great pain to make pressure on any one of the cervical vertebræ above the fifth. This circumstance led me to think that the cause of his suffering was in consequence of a disease at the roots of the cervical nerves. In accordance with this diagnosis, I began the treatment. An issue of the size of a dime was made over the fourth cervical vertebra with caustic potassa. An issue has been kept discharging over one of the vertebræ for at least eight months.

After the issue had been discharging for some time, I commenced giving him Hydriodate of potassa in three grain doses, three times a day. He is so much better now, that he considers himself cured.

His gratitude is unbounded, to think he has obtained relief from those sufferings that he endured so many years.

PER LEE PINE, M. D.

News and Miscellany.

United States General Hospital Report.

Report of the number of beds occupied by the sick, number of vacant beds, and total number of beds, in the United States General Hospitals, for the week ending May 9, 1863.

Localities.	*Occupied.*	*Vacant.*	*Total.*
Department of Washington	7,964	6,126	14,090
Baltimore District. Middle Dep't	3,941	6,623	10.564
Philadelphia District, Middle Dep't	3.830	7,916	11,746
Department of the East	3,853	5,947	9,800
Department of Virginia	1,172	678	1,850
District of Western Virginia	776	563	1,339
District of Ohio	2,146	553	2,699
District of Kentucky	3,092	2,572	5,664
District of Indiana	1,161	1,227	2,388
District of Illinois	1,200	567	1.767
Department of Missouri	2,783	3,981	6,764
Department of the Cumberland	5,662	4,542	10,204
Department of the Tennessee	2,333	2,055	4,388
Department of the Northwest	544	1,129	1,673
Department of North Carolina	931	384	1,315
Department of the South	387	203	590
Department of the Gulf	3,176	976	4,152
	44,951	46,042	90,993

It is in contemplation to close several of the hospitals in Baltimore and other cities, particularly those for which the United States is paying high rent.

NAMES OF HOSPITALS.—The General Hospital Ocean House, Portsmouth, Va., has been called the "Balfour" Hospital, in memory of Surgeon BALFOUR, who died in 1830, after thirty-eight years' service in the army and navy.

The General Hospital "Stewart's Mansion," Baltimore, Md., has been called the "Jarvis" Hospital, in memory of the late Surgeon N. S. JARVIS, United States army, who died while Medical Director of the Middle Department.

The General Hospital, Chestnut Hill, Philadelphia, Pa., to be known as the "Mower" Hospital, in memory of the late Surgeon THOMAS MOWER, United States army, for many years Chief Medical Purveyor, United States army.

The General Hospital, at West Philadelphia, Pa., to be known as the "Satterlee" Hospital, in honor of the eminent, faithful and meritorious service of Surgeon R. S. SATTERLEE, United States army.

The General Hospital, at Fort Schuyler, New York, to be known as the "McDougall" Hospital in honor of the eminent services of Surgeon CHARLES MCDOUGALL, United States army.

The General Hospital, at David's Island, New York, to be known as the "De Camp" Hospital, in honor of the long and faithful services of Surgeon S. G. I. DE CAMP, United States army.

Appoiniments.

Drs. WILLIAM F. NORRIS, EDWARD COWLES, and MICHAEL HILLARY, have been appointed Assistant Surgeons in the regular army.

Medical Director.

Surgeon J. G. HATCHITT, U. S. A., is Medical Director of the District of Eastern Kentucky, Ashland, Ky.

Hospitals in Nashville.

Nashville is the base of operations of the army of the Cumberland under Gen. ROSECRANS. A correspondent of the *N. Y. Daily Times* says:

Nearly all its churches and public buildings, such as High Schools, University, Medical College, Gun Factory, are devoted to the use of the sick and wounded. There are 24 hospitals here, containing each an average about 200 patients. I have examined several of them, and find their condition excellent, comparing well with that of the Washington City Hospitals, which are often made the subject of high encomium. They are much superior, I learn, to those of Louisville and Cincinnati, as a rule. The buildings used for the purpose here, are nearly all spacious with superb ventilation, and from being located many of them on the outskirts of the city, and on elevated ground, enjoy fresh, cool air, with wide and beautiful views of the surrounding country—a circumstance of great importance to the valetudinarian. Our brave, suffering soldiers well deserve all the comforts that can be rendered them.

A Magnificent Hospital.

We learn that the Government has purchased 120 acres of land a short distance north of Jeffersonville, Indiana, on the Ohio river, for the purpose of erecting an extensive hospital for our sick and wounded soldiers and sailors in the West. The various buildings (and we presume a burying ground) are to cover 60 acres, while the other 60 acres are to be laid out into a garden, to raise fruits and vegetables for the occupants of the hospital, and on which the convalescents will be employed. The hospital is intended to accommodate 3000 persons, is to be made a permanent institution, and, consequently, will be constructed with the greatest care as regards convenience. It is to be furnished with gas, water from the river, and every modern improvement that experience has demonstrated of value, or the laws of hygeia can suggest as desirable. Contrabands are daily expected to arrive from the other side of the Ohio river to commence leveling the ground and preparing it for the erection of the buildings. These contrabands are to be used for the double purpose of giving them employment, and because such labor is very scarce. The situation is a commanding one, capable of being made very beautiful by the appliances of art, and is out of the reach of overflow from the river, as it is elevated land.—*Indianapolis Gazette.*

A Ready Method with Quacks.

Dr. T. K. CHAMBERS reports the following case in the *London Lancet.*

SIR,—Yesterday morning, the Rev. Mr. ——, an old patient of mine, came and told me that he had been consulting the notorious Dr. ——, a registered M.R.C.S. The doctor told him he had spermatorrhœa, pretended to put some of his urine under a microscope, and showed him a multitude of very lively

paste eels twisting about. He gave him some medicine which blackened the teeth, made him walk about the room and then pass some more urine. In the second specimen only one animalcule was exhibited, and thus the power of the medicine was proved. Then £100 was demanded for a box of it sufficient to effect a cure. My patient had not got £100; and finally a compromise was arranged, by which he gave a bill at four months for £80. I instantly sent a note to Dr. ——, demanding that the bill should be returned within twenty-four hours. This morning it was brought to me.

I make public this case of the efficacy of mild treatment, because the drastic effects of fuller legal measures sometimes deter people from applying them.

Slaughter in War.

The *Revue Contemporaine* publishes an article by Count de Latour, on the important part which cavalry is likely to play in future wars. The Count among other things, says that the opinions now generally held regarding the power of fire-arms are vastly exaggerated, and show that many more men were lost in the great battles of the empire than in the last Italian campaign. At Austerlitz the Russians lost 30 per cent., the Austrians 44 per cent of their army; the French lost 14 per cent. At Wagram, the loss of the Austrians was 14, that of the French, 13 per cent. At La Moskowa the Russians lost 44 per cent., at Waterloo the allies 31 per cent., the French 36 per cent. At Magenta, on the contrary, the Austrian loss was not more than 8 per cent., that of the French only 7; at Solferino the Austrians sustained a similar loss, and the Franco-Sardinians only lost one-tenth. This may be explained by the fact that a long range obliges the projectile to describe a large curve; thus, according to M. d'Azemar, if the column of the place Vendome was placed between the gun and the mark, the latter being at a distance of twenty-five hundred yards, the projectile would pass over it without touching.

Remains of Gigantic Animals.

Russian geologists are making preparations to promote the discovery of congealed remains of mammoth animals in Siberia. It is stated that during the last two centuries at least 20,000 mammoths, and probably twice or thrice that number, have been washed out of the ice and soil in which they were inbedded, by the action of the spring floods. The tusks only have been preserved, for their commercial value in ivory. An effort is now to be made for the discovery and preservation of one of these carcases as perfect and entire as possible, as it is considered that microscopic investigation of the contents of its stomach might throw a powerful light on a host of geological and physiological problems.

MARRIED.

Browne—Dunglison.—May 2d, 1863, in St. John's, Paddington, by the Rev. Francis Palmer, John Browne, Esq., of the Military Store Staff, and Mary Emma, only daughter of Robley Dunglison, Esq., M.D., Prof. of the Institutes of Medicine in the Jefferson Medical College, Philadelphia, U. S.—*Dublin Med. Press.*

Bell—Robinson.—In Skowhegan, Maine, June 15th, by Rev. Temple Cutler, J. B. Bell, M.D., of Augusta, and M. Pauline Robinson, of Skowhegan.

Bosset—Grove.—On Thursday evening, the 11th instant, by the Rev. Edmund Leaf, Dr. W. C. Bosset and Miss Mary Ragan Grove, both of Douglassville, Berks county, Pa.

Evans—Johnson.—In this city, 17th instant, by the Rev. Dr. Leeds, David J. Evans, M.D., and Miss Rebecca M. Johnson.

Jones—Taylor.—On Tuesday evening, the 16th instant, by the Rev. Joseph Metcalfe, William B. Jones, M.D., of this city, and Miss Sadie I. Taylor, of Frankford.

Rankin—Speedy.—At Pittsburg, Pa., June 4th, by Rev. Byron Porter, Dr. D. C. Rankin and Miss Maggie A., daughter of Captain Hugh M. Speedy, of Indiana county, Pa.

Robinson—Butler.—At Erie, Pa., on the 2d instant, by the Rev. J. Robinson, S. A. Robinson, M.D., of Girard, Pa., and Miss Esther, eldest daughter of Colonel Hiram Butler.

DIED.

Davol.—In Warren, R. I., on the 12th instant, Dr. Wm. H. Davol, aged 39 years, a native of Warren, but for the last ten years a resident of Brooklyn, N. Y.

Hamill.—On Monday, June 15th, Geo. S. Hamill, M.D., in the 39th year of his age.

Johnson.—At Boyertown, Berks county, Pa., on the 17th instant, H. M. Johnson, M.D., aged about 43.

Kemper.—At his residence on Walnut Hills, Cincinnati, Ohio, June 10th, Dr. Edward Y. Kemper, in the 81st year of his age.

METEOROLOGY.

June	15,	16,	17,	18,	19,	20,	21.
Wind	S. W.	N.	S. W.	S.	E.	E.	S. E.
Weather	Clear.	Clear.	Clear, show. th. & l.	Clou-dy.	Cl'dy, rain.	Clou-dy.	Cl'dy, rain.
Depth Rain			8-10		2-10		1-10
Thermometer							
Minimum	59°	63°	56°	61°	63°	54°	52°
At 8 A. M.	73	66	73	73	66	60	59
At 12 M.	82	72	84	84	68	64	62
At 3 P. M.	85	76	87	83	67	64	64
Mean	74.75	69.25	75	75.25	66	60.5	59.25
Barometer.							
At 12 M.	29.9	30.1	29.7	29.8	29.9	30.1	30

Germantown, Pa. B. J. Leedom.

VITAL STATISTICS.

	Philadelphia. Week ending June 20.	New York. Week ending June 13.	Baltimore. Week ending June 20.	Boston. Week ending June 13.	Providence. Month of May
Population in 1860..	565,529	805,651	212,418	177,812	50,666
Mortality.					
Male	137	209	60	31	52
Female	117	197	40	43	31
Adults	112	190	44	40	48
Under 15 years	142	216	52	...	32
Under 2 years	84	132	29	...	8
Total	254	406	100	74	83
Deaths in 100,000...	44.93	50.38	47.08	41.61	163.82
American	188	260	...	45	43
Foreign	55	146	...	29	40
Negro	15	5	8	...	1
Zymotic Diseases.					
Cholera, Asiatic...	...	...	...	...	...
Cholera Infantum	3	8	9	...	...
Cholera Morbus	...	...	1	1	...
Croup	5	11	3	3	2
Diarrhœa	1	10	1	...	...
Diphtheria	4	12	2	1	1
Dysentery	3	...	...	2	...
Erysipelas	...	1	2	1	1
Fever, Intermittent	...	...	...	...	...
Fever, Remittent	...	...	...	...	...
Fever, Scarlet	8	24	5	3	...
Fever, Typhoid	3	21	1	1	2
Fever, Typhus	1		...	...	...
Fever, Yellow	...	...	...	...	...
Hooping-cough	1	...	...	...	...
Influenza	...	...	...	...	...
Measles	6	4	...	1	1
Small Pox	2	2	2	...	...
Syphilis	...	...	...	...	...
Thrush	...	...	...	...	...
Sporadic Diseases					
Albuminuria	...	...	...	...	...
Apoplexy	4	3	...	1	4
Consumption	30	63	22	20	14
Convulsions	11	37	2	1	3
Dropsy	7	11	4	5	1
Gun-shot Wounds	5	...	...	...	...
Intemperance	1	...	...	...	2
Marasmus	9	19	...	...	1
Pleurisy	...	...	1	...	1
Pneumonia	...	...	...	7	7
Puerperal Fever	1	...	...	...	2
Scrotula	...	...	...	...	1
Violence and Acc'ts	14	25	1	2	...

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

THOUGHTS ON PRESCRIBING.

"Eclectic" Remedies.

By Edward Parrish,

Of Philadelphia.

(Continued from p. 115.)

No. 2.

Choice of Remedies.

Under this general head the considerations which present themselves are mainly therapeutical, and hence out of the range of this essay; but it has often been a subject of remark, that of the hundreds of drugs in the recognized materia medica, so very few should be employed in the ordinary practice of any single physician; and of these few, so small a proportion should be the products of our own country. Do we suppose that the varied soil and climate of our vast continent are less prolific of valuable medicinal productions than those of either of the other great divisions of the earth? America has given to medicine many of the most potent agents now used in the cure of disease, and although I am far from adopting any narrow idea which would, in the least, limit a sphere of investigation which should be world-wide, yet I do respect that spirit of inquiry and research which seeks to render available every resource furnished to our hand. Is it not marvelous that a single school of so-called medical reformers should have so entirely connected with their crude system of practice many of the most valuable of our native remedies, which, as they knock at the door and are welcomed in to the great temple of medicine, claim to be the offspring of the "eclectic practice?"—a practice perhaps chiefly distinguished by want of eclecticism.

Scammony.

Do not our teachers too much confine themselves to the beaten track? And are not practitioners, by following in their foot-steps, too much tied down to ancient remedies, many of which are now almost inaccessible in a state of purity? Scammony, for instance, is brought to this country from Smyrna, through London. If pure, it should contain from seventy-five to ninety per cent. of a cathartic resin. If sought in our drug stores or dispensing establishments, in many instances it will not be found at all. In some cases an inferior, factitious article will be offered, containing, perhaps, ten per cent. of resin. An ample dose of pure scammony would be five grains, while, of this factitious article, twenty or thirty might be given, and then with the greatest uncertainty as to what results are to be looked for. This instance is selected because scammony being still retained in the officinal Compound Extract of Colocynth, shows the tendency of the profession to adhere to a remedy known to the ancients which is very costly and scarce, and might have long since been superseded by abundant and reliable cathartics, the growth of our own soil. Of the hundreds of pounds of Compound Extract of Colocynth prepared by manufacturing pharmaceutists for private dispensing, there probably are not five pounds in the hundred that contain this expensive ingredient in full proportion and standard quality. It may, in fact, be clearly known to be deficient in this respect whenever it is offered for sale at a price less than six dollars per pound. The largest ingredient in Compound cathartic pill is this well-known extract, so that this deficiency of quality extends to the most common of all our officinal preparations.

Indigenous Remedies.

Instances might be multiplied, showing the uncertainty and the unwarrantable expenditure of money, entailed by a neglect of practitioners to make choice of remedies, readily accessible and too cheap to tempt the adulterator to the exercise of his arts. We want a work on American remedies, pervaded by a candid and impartial spirit and an evidence of scientific ability. Our invaluable United States Dispensatory, from its very plan, gives prominence to the officinal remedies and throws into an appendix a large proportion of those referred to, while the several works called "Eclectic" are written in a style of panegyric which justifies the idea, that the writer advocates the merits of each remedy, as prepared by some particular manufacturer, much as a lawyer espouses the cause of his client.

Resinoids.

The object in introducing these remarks is to call attention to the eligibility, from a pharmaceutical point of view, of some of the remedies called *resinoid*. These are prepared by forming concentrated tinctures, with strong alcohol, from drugs, containing resinous active principles, and precipitating the resins from these by throwing them into a large quantity of water. This precipitate, though usually contaminated with coloring matters and other accidental impurities, has the advantage of being pulverulent and hence easily incorporated with other powders, and adapted equally to the form of powder or of pill. Its dose is very small in comparison with that of the drug, and being slowly soluble in the saliva, it has but little taste. The "eclectic" pharmaceutists, who first applied this process to drugs generally, have carried it too far, and subjected some drugs to it, the active principles of which are partially soluble in water, and hence held in solution when the resin is precipitated. The essential point in regard to this form of preparation is that the drug should owe its activity to principles freely soluble in alcohol and insoluble in water, and as this happens to be the case with so many roots and barks, we have a most valuable series of remedies prepared in this way. The scope of this essay does not allow a review of nearly all these remedies, but I am tempted to refer to several which have already attained a high reputation among regular practitioners.

Podophyllin.

Of cathartics the most celebrated is podophyllin, which, rumor says, is to be made officinal in the new Pharmacopœia under the name *resina podophylli*. In doses of two to four grains, this is a drastic cathartic of great efficiency, but taken in one-fourth to one-half grain doses, it operates as an admirable cholagogue and alterative, tending to restore the secretions, when deranged, to normal activity. Recent investigations have rendered it probable that this preparation, as generally prepared by the aid of muriatic acid added to the aqueous precipitate, contains berberina, a valuable tonic, existing also and in colombo root, in hydrastin, a "concentrated remedy," to be noticed below. Among the recommendations of Podophyllin are, its abundance, its uniformity and freedom from sophistication, and the fact that almost any pharmaceutist or pharmaceutically educated physician in the Northern States may collect the root, upon some neglected meadow or hill-side within his reach, and may himself prepare the resinoid by a simple and easy process.

Leptandrin.

Leptandrin is a resinoid, prepared from leptandra virginica, prescribed as a cholagogue or stimulant to the hepatic secretion, without so decided purgative properties, as usually pertain to that class of remedies—a substitute for small doses of Pil. hydrarg. It appears to be innoxious and owing to its partial solubility is free from unpleasant taste. Dose, two to four grains.

Hydrastin.

Hydrastin is the name applied in commerce to a yellow crystalline precipitate, produced by the addition of muriatic acid to an infusion of Hydrastin Canadensis—yellow puccoon root or golden seal, a plant of the numerous and remarkable family *Ranunculaciæ*. A recent analysis of this, by Prof. F. Mahla, of Chicago, proves it to be identical with muriate of the vegetable alkali berberina, found in Colombo, and one of the very best tonics we have. It is chiefly prescribed alone or in combination, in treating dyspepsia and chronic inflammation of the stomach, and is said, combined with bitters, to remove, gradually, the abnormal conditions consequent on intemperance, and in some instances to destroy the appetite for liquor.

Cimicifugin.

Cimicifugin or *macrotin* is a resinoid derived from black snake root, and possesses a variety of therapeutic properties; the dose is from one to six grains, and as a tonic, alterative nervine, with an asserted affinity for the uterus, it is worthy of a trial in a variety of obscure nervous diseases. The root has long been a favorite in chorea and in the form of fluid extract a very popular remedy. The merit of the resinoid is that although it does not fully substitute the fluid extract, it is adapted to the form of pill or powder, and is not offensive to patients generally.

Caulophyllin.

Caulophyllin, from the root of the blue cohosh, is a new remedy, the effect of which is exerted on the uterus, as a tonic and alterative, in doses of a grain or less, and as a parturient in doses of from two to four grains at intervals of from fifteen to thirty minutes after labor has commenced.

Cornine.

Cornine is a precipitated powder, designed to represent dog-wood bark—Cornus Florida. It is a tonic, and as prepared by some manufacturers, an astringent; the reputation of the bark as a substitute for Peruvian bark in intermittents, would seem to justify a trial of this preparation at the hands of scientific therapeutists. Its dose may vary from one to ten grains.

The illustrations thus selected of the eclectic preparations will suffice for the purposes of the present essay, I shall comment on them more fully in the forthcoming third edition of my work on Pharmacy.

Alkaloids.

The so-called *alkaloids* of "eclectics" are liable, in some instances, to be confounded with the proper vegetable alkali, isolated from the drugs by elaborate processes, and with a few exceptions, little known in commerce. They are generally mixed precipitates of uncertain composition, though frequently powerful remedies. There seems no propriety in substituting the pure crystalline principles of plants by any impure and variable preparations, and it is to be regretted that the nomenclature adopted by their manufacturers should be so calculated to produce confusion in prescribing.

The principle of precipitation applied in preparing the numerous "eclectic" resinoids, may be applied to many of the familiar drugs which have long been in use. Jalapin, *resina jalapæ*, of the new Pharmacopia, has long been esteemed in Europe as a powerful cathartic in doses of three to five grains; and colcynthin, prepared from colcynth by a modified process is a concentrated representative of its activity given in half grain doses.

Resinoids require to be dissolved, if exhibited in liquid form, by alchohol, ammonia, or alkaline solutions, and are rendered so much more soluble in soap, that when made into pillular form it may be advantageously used as an excipient. They are especially adapted to combination. Podophyllin is usually prescribed with milder cathartics and cholagogues. Leptandrin is generally given in combination with podophyllin, which increases its activity. This combination has been prescribed with great advantage. Sugar of milk, to be referred to hereafter as a valuable excipient, is found to be a suitable vehicle for the resinoids when prescribed in powder; promoting, by proper attention, their solubility, and covering any acridity of taste.

[To be continued.]

Hospital Reports.

PHILADELPHIA HOSPITAL,
February 14, 1863.

MEDICAL CLINIC OF DR. DA COSTA.

Reported by Dr. *H. C. Wood*, Resident Physician.

Typhus Fever.

R. H., who was before the clinic on the 28th and 31st of January, suffering under typhus fever. It was remarked that this man has perfectly convalesced from the fever. He has not yet entirely recovered his strength, but is able to be about most of the day. The slight epidemic, or more properly endemic that we have had, has been a very fatal one. The patients were almost all of them drunkards. This, in part, accounts for the terrible mortality; one half of the cases perishing. Although the patients were put in the ward by themselves, to prevent its spreading, yet one of their nurses contracted the disease and died. This alone is proof enough of the contagiousness of this fever, to cause the isolation of all such cases. This patient is now on simple tonics.

Typhoid Fever.

J. P., who was before the class on the 25th of January, with typhoid fever. It was remarked that when the man was at the clinic, in addition to his fever, he had well-marked pneumonia, although, owing to the severity of the pulmonary complication, the prognosis was very guarded. The man has outlived the fever. From it he has convalesced; but his sweats, which have been, ever since he was here, excessively profuse, and occurring both by night and by day, still continue, although much abated. Percussion dulness persists posteriorly over his left side, and fine moist rales are very plentiful in both lungs behind. His cough is both troublesome and accompanied with profuse purulent expectoration. There has never been any hæmoptysis. What is the prognosis now? In a certain number of cases of enteric fever with grave, pulmonary lesions, the convalescence is imperfect. The patient gains strength and his night sweats and cough improve up to a certain point, and there they settle. Above that you cannot raise the sufferer. After being stationary for awhile he begins to fail again, and soon dies of a sub-acute phthisis. In our present case there are as yet no positive signs of the deposition of tubercle, and it is right to try to prevent it as if we knew it had not occurred. Let this man have f℥ss. of cod liver oil thrice daily, and also two grains of the pyrophosphate of iron, after meals. His chest will be painted daily with the tincture of iodine. It will be useful to look for a moment at the past treatment of the pulmonary complication. That, especially directed to the lungs, consisted in the administration of carbonate of ammonia, syrup of senega, and oil of turpentine.; externally, constant counter-irritation was kept up by means of turpentine. In pulmonary affections, occurring in low fevers, turpentine, used both internally and externally, is very excellent. Indeed, it is such cases of typhoid fever, mainly, that I employ it in. It seems to me to have a more controling influence in them than in those where the enteric lesions absorb the attention.

Dropsy Cases.

The three dropsy cases recently lectured on were now again brought before the class that they might be under treatment at the same time, so as to afford a comparative view.

The first case was W. K., negro, in whom the dropsy had been decided to be hepatic, although accompanied with some cardiac enlargement. He was ordered:

℞, Potass. iodid., ℥ij.
Potass. acet., ℥ss.
Syr. tolutanus, aquæ, āā, f℥iij. M.
Ft. sol. Sig. Two drachms after meals.

His diet was directed to be mild and non-stimulating, but at the same time very nutritious; oysters, soups, &c. Alcohol, in any form, was forbidden. Further, the following pills were prescribed:

℞, Pil. hydrarg., aloes, āā, gr. xij.
Extr. colocynth. comp., gr. xxiv. M.
Ft. pil. xij. Sig. One at bed time.

B. R., in whom the dropsy was diagnosed to be dependent on some obstruction to the return of the blood through the ascending vena cava. He was ordered a warm bath every night, and a pint of infusion of juniper berries with an ounce of cream of

tartar, daily; also, twenty drops of the tincture of the chloride of iron, after meals. Externally, the tincture of iodine was directed to be painted over the hypogastrium, where some hardness was discoverable.

The next case was the woman before the last clinic, with renal dropsy. It was remarked that this case is by far the worst of all. Her immensely swollen limbs call loudly for relief, and yet the usual avenues of escape for the water are choked up. The very scanty and highly albuminous urine demonstrates the uselessness of attempting anything through the kidneys. The skin is not at all adequate to the task. The bowels are then alone trustworthy. But, unfortunately, the woman is entirely too weak for active purgation. Let any man, in robust health, persist for a few days in the free use of hydragogue cathartics, and they will reduce him to a very weak condition. But, a day or two since, something had to be done, for the distended skin of the thighs was covered with an erysipelatous blush. Free superficial puncturing of the thighs was resorted to. From these openings the water poured forth in such quantities as to soak through the bed and make a pool on the floor, requiring to be wiped up with a house-cloth. It has been several days since the operation was done, but the water still slowly wells from the incisions. The occasional inhalation of the vapor of ammonia is sometimes serviceable in pulmonary affections of this kind, and will be tried in the case. A blister, of all remedies, has the most positive controling power over this affection, and one will be applied here between the scapulæ. Milk-punch and beef essence are freely administered; but the woman will probably not survive much longer.

These cases have been prescribed for collectively, so as to teach you the absurdity of a routine practice in dropsy, and that the only firm foundation for its treatment is a correct diagnosis of its cause.

There are three channels through which water can be eliminated from the system: the skin, kidneys, and bowels. In every case it is to be decided which of these, singly or conjointly, are to be selected. The skin is the least open; it is seldom that through it alone the effusion can be removed. The kidneys are much more serviceable, but, unfortunately, the action of diuretics is proverbially uncertain. Purgation is the surest method of running off water from the system, but few patients will bear it carried to its fullest extent. The depression becomes so alarming that the practitioner is necessitated to suspend his remedies.

In the first two cases we are attempting to influence the kidneys. The latter of the two was given the bitartrate of potash, because we wanted to act slightly on his bowels also. Iodide of potassium was prescribed, in the negro, for the hepatic lesion. It has more influence over this hardened condition of the liver than any other drug. The white man was given the ferri chlorid. on account of his anæmia. In all cases of dropsy it is very necessary to improve the blood as far as may be. It is very apt to become anemic, and thus keep up the disease. All the diuretics, purgatives, and sudorifics are useless under such circumstances without they are conjoined with tonics, especially iron.

Erysipelas.

The class was next shown M. M., who was before them February 4th, with erysipelas following a miasmatic fever. He had perfectly recovered under the treatment pursued, his liver and spleen returning to their normal size without the use of any preparation of iodine.

P. L., æt. thirty-six. He entered the hospital February 12th, but was first taken with a chill on the evening of the 10th, after having been exposed to the wet and cold. When he first came into the ward his face was very much swollen, but his complaint was principally of pain in his throat and difficulty in breathing. On examination the fauces were found to be very much swollen and reddened by an erysipelatous flush. He was prescribed:

℞, Tr. ferri chlorid., f℥v.
Quiniæ sulph., gr. xij.
Aquæ, f℥vss. M.
Sig. Half an ounce every two hours.

Also,

℞, Tr. ferri chlorid., f℥ss.
Mellis, Glycerin., āā, f℥iij. M.
Sig. Use freely as a gargle.

He was further ordered one and a half ounces of whisky-punch, (half and half,) every second hour, and an ounce of beef essence the intervening hour. To his face the following was applied:

℞, Extr. opii, gr. iv.
Liq. plumb. subacet. dil. f℥j. M.

Tincture of iodine was painted around the affected portion, on the sound skin, to keep the disease from extending, if possible.

It was remarked that the appearance of the man immediately betrays his complaint. Whenever a patient presents himself with a swollen, tense, bright red, shining face, constituting an acute attack, it is erysipelas.

This disease, when idiopathic, generally attacks the face, commencing often near the alæ of the nose, as a bright red spot, which rapidly spreads and soon involves the whole countenance. This simple form of erysipelas, although not a dangerous disease in a previously healthy and temperate person, is, in drunkards and feeble subjects, more serious. There is a variety which, in any one, is an alarming affection. It is characterized by a disposition to attack contiguous mucous membranes and rapidly spread along them. The nose, mouth, pharynx, or the larynx, may become involved, and where this last organ is invaded the danger to the patient is imminent. This patient is a drunkard, and he had the symptoms of commencing mucous erysipelas, so to speak, when he entered the wards two days ago. Now the redness, soreness, and swelling of the fauces are gone, and the facial affection is not quite so violent. The treatment has been both local and constitutional. A successful attempt was made to check the spreading of the inflammation by the free use of tincture of iodine on the sound skin around it. It was formerly the custom to apply for this purpose a strong solution of nitrate of silver. But Velpeau has shown that the tincture of iodine has at least as great and probably greater power in this way than the argenti nitras, and has the very great advantage of not leaving behind it a persistent black stain. To the affected surface lead water and opium have been applied. Often narcotized mucilages of sassafras pith or slippery elm bark are very serviceable. The old Arabian physicians used an infusion of poppy heads in both this disease and small-pox, and it is indeed a very soothing application. For the inflamed fauces a gargle containing largely the tincture of ferri chlorid. was used. Had not this sufficed to check the throat trouble, a strong solution of the nitrate of silver would have been employed, and in a rapidly spreading case the latter is the most reliable drug. Internally, he took the tincture of ferri chloridi. Why? Because of the great and almost specific influence this remedy has in erysipelas. Quinine and whisky also were administered, not directly to check the disease, but to support the system until the attack might be subdued. The natural tendency of this affection is adynamic, and when it occurs in a drunkard, his safety dwells in free stimulation. Light purgation will benefit this man, but all drastic purgatives must be scrupulously avoided, for fear of so irritating the bowels as to cause a translation of the disease to their mucous membrane.

Medical Societies.

OHIO STATE MEDICAL SOCIETY.

Seventeenth Annual Session.

Reported by *E. B. Stevens, M. D.*, Secretary.

FIRST DAY, MORNING SESSION, TUESDAY, *June* 16, 1863.

The Ohio State Medical Society met at White Sulphur Springs, June 16, and was called to order at 10 o'clock A. M. The President, Dr. J. W. RUSSELL, in the chair; Dr. E. B. STEVENS, Secretary.

On motion, the reading of the minutes of last year was omitted.

Dr. REAMY, Chairman of the Executive Committee, being absent, Dr. M. DAWSON reported that all necessary arrangements had been made for the accommodation of the Society by Mr. WILSON, and moved that the order of business of the two past years be adopted for the present session of the Society.

On motion, the report was accepted and suggestion adopted.

On motion, it was ordered that all the members present register their names at the Secretary's desk.

The President announced the following as the Committee on Nominations: Drs. MURPHY, BEEMAN, ROBT. THOMPSON, HUNT and ANDREWS.

Dr. ROBT. THOMPSON offered the following:

Resolved, That this Society cordially invite all literary, scientific and professional gentlemen that now are, or may yet arrive at the "White Sulphur Springs" during our session, to take seats among us, as it may suit their pleasure and convenience. Adopted.

The President appointed Drs. KIRTLAND and SCARFF to fill vacancies on the Finance Committee, who subsequently presented the following report:

The Finance Committee beg leave to report that an assessment upon each member of $1.00 be and is hereby made for the current expenses of the coming year.

C. P. LANDON,
J. P. KIRTLAND,
W. D. SCARFF.
Finance Committee.

The report was received and adopted.

On motion, the order of business was suspended to allow the Chairman of the Publication Committee to make the following report:

The Committee on Publication respectfully report that two hundred and fifty copies of the Transactions for 1862 were published at an expense of $154.05.

E. B. STEVENS, *Chairman.*

On motion, report was received.

Dr. LANDON offered a resolution that the Society do not wait longer for the report of the Nominating Committee, but proceed to nominate and ballot in open Society for officers for the ensuing year; which, after various attempts at amendment, and ineffectual efforts to withdraw, was finally lost. And

On motion, Drs. M. DAWSON, M. THOMPSON and HAMILTON, were appointed a Committee to wait upon the Nominating Committee, with instructions to report forthwith.

The Committee on Nominations made their report, and the Society proceeded to ballot with the following result:

President—W. P. Kincaid, of Neville.

Vice Presidents—M. Dawson, of Royalton, D. S. Gans, of Cincinnati, David Noble, of Highland Co., J. J. Hamill, of Newark.

Secretaries—E. B. Stevens, of Cincinnati, N. Dalton, of Logan.

Treasurer—J. B. Thompson, of Columbus.

Committee on Admissions—J. G. Kyle, T. L. Neal, R. L. Sweney, C. P. Landon, A. Metz.

On motion, the sum of $1.00 was ordered to be put to the credit of Dr. BELDING, an amount paid Dr. RICKEY, former Treasurer, and not credited.

The President appointed Drs. M. DAWSON and P. CRUM a Committee to wait upon the President elect, inform him of his election, and escort him to the chair immediately after recess.

On motion, the Society took a recess until two o'clock.

FIRST DAY, AFTERNOON SESSION, TUESDAY, *June* 16, 1863.

The Committee conducted the President elect, Dr. KINCAID, to the chair, who acknowledged the compliment paid him by the Society in a few brief remarks.

The retiring President, Dr. RUSSELL, then proceeded to deliver his valedictory address, his topic being "The Means for Professional Advancement."

On motion, the address was referred to the Committee on Publication, with instructions to print.

The Standing Committees were called. The Committee on Medical Societies presented a lengthy report on the condition of the Societies auxiliary to the State Society, with considerations and suggestions for advancing the efficiency of the Society. On motion, referred to the Committee on Publication, with discretionary power to print.

The Constitution and By-Laws of the Mt. Vernon Medical Society were presented, and referred to the Committee on Medical Societies, who subsequently further reported, that having examined the same, they recommend the Mt. Vernon Medical Society to be admitted as auxiliary to the State Society. Report accepted and adopted.

The Secretary announced that arrangements had been made with the Little Miami, Columbus and Xenia, Hamilton and Dayton, Columbus and Cleveland, and Pittsburg, Columbus and Cincinnati Railroads, returning members in attendance on this Society and their families free.

On motion of Dr. HAMILTON, the Secretary was directed to make acknowledgments to these companies for their courtesy.

The Special Committees were called, and a portion reported themselves in readiness; also several volunteer papers were announced.

The Chairman of the Committee on Obituaries stated that he should report before the adjournment of the Society, and expressed his regrets that individual members were so forgetful of their duty to co-operate in the contribution of materials for obituary notices.

Dr. STEVENS reported that Prof. BLACKMAN and himself had attended the Indiana State Society at its session last fall, representing this Society; that the Indiana Society was a live, working Society, and that it sent greetings to the Ohio State Medical Society.

Dr. KINCAID stated that no meeting of the Kentucky State Society was held last year, hence he had not attended as delegate from this Society.

The resolution offered this morning by the Committee on Nominations was on motion taken up and adopted, allowing $100 a year as compensation to the Treasurer.

Dr. GANS offered the following:

Resolved, That hereafter the respective Special Committees on scientific subjects shall ordinarily be composed of but one member. Adopted.

Dr. STEVENS offered the following:

Resolved, 1st, That hereafter the regular annual election of officers shall be made the order of business at some deferred hour of the sessions, instead of at the opening, as is now the custom.

2d, And the nominations shall be made in open session of the Society, without the intervention of a Committee. Adopted.

The Secretary read a communication from Drs. Davis and Armor, of Dayton, in regard to the complaints made against Dr. Oliver Crook, and referred to them as a special committee at the last annual meeting.

On motion, the whole matter was referred to the Committee on Ethics, with instructions to report to-morrow morning.

On motion of Dr. Murphy, a Committee of three was appointed to prepare a preamble and resolutions, expressing the sense of this Society concerning "Circular No. 6" of Surgeon-General Hammond, (being the famous calomel and tartar emetic order,) Drs. Murphy, Weber and Metz that Committee. Pending its adoption, animated remarks were made by Drs. Murphy, Robt. Thompson, McBride, and others.

Adjourned until to-morrow morning.

Second Day, Morning Session, Wednesday, *June* 17, 1863.

9 o'clock A. M.—Dr. Kincaid, the President, in the chair.

The minutes of yesterday's proceedings were read, and after some verbal amendments, adopted.

Dr. Conklin introduced Dr. R. E. Houghton, of the Indiana State Medical Society, who was, on motion of Dr. Crume, elected an honorary member of the Society, and was invited by the President to take a seat with us and participate in our proceedings. Dr. Houghton responded in a neat and pertinent address.

Dr. M. Dawson offered the following:

Resolved, That the thanks of this Society be, and are hereby tendered to the retiring officers for the able, dignified and courteous discharge of their several duties. Adopted.

The Committee on Ethics reported back the papers in the case of Dr. Crook, for the action of the Society.

On motion of Dr. Murphy,

Resolved, That the action of the Montgomery County Medical Society be confirmed, and Dr. Crook be declared expelled from this State Society.

A warm debate followed, in which Drs. Murphy, Hamilton, Stevens, Andrews, Gans, the President and others participated. At length the motion of Dr. Murphy was withdrawn, and the whole matter was, on motion of Dr. Kyle, referred to the Committee on Ethics, with instructions to report immemediately after dinner. The President appointed Drs. Reisinger, Andrews and Kyle, Committee on Ethics *pro tem.*

On motion of Dr. Stevens, Dr. Landon was appointed Treasurer *pro tem.* in the absence of Dr. Thompson.

On motion of Dr. Hamilton, the ladies were invited to be present at our sessions.

The reports of Special Committees were now called for, and Dr. Gans proceeded to read his report on Obstetrics, being chiefly devoted to the consideration of

Electro-Galvanism in Obstetric Practice.

The paper was discussed by Drs. Robt. Thompson, Mitchell, Russell, Gans, Leonard, and Houghton of Indiana, and, on motion, referred to the Committee on Publication, with instructions to print, and the thanks of the Society extended to Dr. Gans for his able report.

Dr. Mitchell stated in his remarks that he was prepared to confirm the views of Dr. Gans from his own private experience, gave the particulars of an extreme case of uterine hæmorrhage, in which he used electro-magnetism with prompt relief, together with other confirmatory experience.

Dr. Gans hoped it would not be sufficient to read a paper and have it printed, but that each member would be thereby stimulated to give his own observations, and proceeded to give the details of several cases in obstetric practice, illustrating the views of his report.

Dr. Leonard wished to know of Dr. Gans if he regarded the contraction produced by electricity a *permanent* contraction, or does relaxation occur with the removal of the poles of the battery?

Dr. Gans replied that the contraction was an imitation of natural pain, and the agent was at hand to continue or renew at pleasure or necessity, or while the necessity continues.

Dr. Hamilton moved that Dr. Gans be continued to report, at our next annual meeting, his personal experience in the use of electro-galvanism in obstetric practice.

The President read the following communication from Dr. M. B. Wright, Chairman of the Committee on Prizes for prize essay of last year:

Cincinnati, *June* 15, 1863.

Dr. Russell. *Dear Sir:* It is possible I may be prevented from being with you at the present session of the State Society, and I write hastily to say that the Committee on Prize Essay and Medal have deemed it best not to procure a medal at the present time, in consequence of the high price of gold. It is to be hoped that before the next meeting of the Society a medal may be procured, creditable to the essayist and the Society.

Respectfully,

M. B. Wright,
Chairman of Committee.

The Surgeon-General's Order No. 6.

The Committee on "Circular No. 6" of Surgeon-General Hammond, appointed yesterday, presented through its Chairman, Dr. Murphy, the following report:

The Ohio State Medical Society has read with profound regret Circular No. 6 of W. A. Hammond, M. D., Surgeon-General, U. S. A., in which he orders that calomel and tartar emetic shall be stricken from the supply-table of the army. This Society cannot accept the statement made in the order, that innumerable cases of ptyalism and mercurial gangrene have been observed in the army, as the result of the injudicious use of calomel. Many of the members of this Society have had extensive observation in regimental and general hospitals, and have not observed innumerable cases of ptyalism, nor any case of mercurial gangrene. It is believed that from statistics, already collected since the publication of Circular No. 6, the statement may be made that calomel and tartar emetic have not been used to the injurious extent as set forth therein.

This Society cannot resist the expression of its strong disapprobation of the Circular as unjust and untrue. In fact, it is a virtual endorsement of the false charges which have been made against the scientific profession by the representatives of the various empyrical systems of medicine. The regular profession has always claimed the right to use any remedy that clinical experience has proved to have therapeutical power. To forbid the use of a remedy because it has been abused, is to forbid the use of almost all remedies. The true course is to remove the surgeon who does not manifest skill or judgment in the administration of remedies.

This Society feels that Dr. Hammond has done great injustice to the profession in this State, and particularly to those who are now serving in the army. With few exceptions, all surgeons and assistant surgeons from the State of Ohio have been submitted to a rigid examination as to their mental, moral and physical qualifications. This Society was instrumental at the beginning of the war in having the State Medical Board of Examiners of surgeons

and assistant-surgeons appointed, and the members of this Society have insisted that no one should be appointed without an examination.

This Society believes that the surgeons and assistant-surgeons from this State are well qualified, and that Circular No. 6 not only implies that they are not qualified to administer safely two remedies, but raises a doubt in the public mind as to their general skill or ability, and for this reason is not only untrue and unjust, but cruel.

This Society, therefore, respectfully and firmly protests against the statement of Circular No. 6, as being untrue, and still further, as being at variance with the philosophy and progressive spirit of the legitimate profession. Therefore,

Resolved, That Dr. W. A. HAMMOND be requested to revoke Circular No. 6, and place calomel and tartar emetic again on the supply-table.

Resolved, 2d, That this Society will not be satisfied with anything less than a revocation of the order.

Resolved, 3d, That in the event of the refusal of the Surgeon-General to comply with this request, that he is hereby requested to resign.

Resolved, 4th, That a copy of this preamble and resolutions be sent to the Governor of Ohio, Senators SHERMAN and WADE, the President, Secretary of War, and the Surgeon-General of the United States.

Amended by Dr. HAMILTON, additionally:

Resolved, 5, That Drs. John A. Murphy, G. C. E. Weber, and A. Metz be a Committee instructed to report to the American Medical Association that this Society demands the speedy trial and expulsion of Dr. W. A. HAMMOND, for the gross injustice done the profession of medicine by his foolish and quackish order No. 6.

The subject was discussed at length, with earnestness and dignity, by Drs. Hamilton, R. Thompson, Gans, West, McBride, Kincaid and others.

Dr. MCBRIDE offered the following preamble and resolutions as a substitute for the report of the Committee:

Whereas, We have reason to believe that in consequence of the asthenic and scorbutic types of disease in our army, and that from the necessity of the case many inexperienced physicians, and a large number of the various tribes of quacks, such as Eclectics, Homœopathists, etc., etc., have got into the army as surgeons, and that with the types of disease prevalent, the injudicious use of mercury and antimony by these classes of men would be likely to cause more damage than the aggregate amount of good accomplished by these remedies in the hands of the judicious. And,

Whereas, The Surgeon-General, seeing this to be the case, has ordered the non-use of calomel, the mercurial most liable to abuse, designing thereby no reproof to the scientific surgeon, but a restraint upon all sorts of pretenders, for the good and efficiency of the army. Therefore,

Resolved, That we highly approve of the designs and patriotic motives of the Surgeon-General in issuing General Order No. 6.

Resolved, That the issuing of said order and a general acquiescence in the same will have the effect, not only to save the health and lives of some soldiers in the army on whom it was alone designed to operate, but to elevate the character of the medical profession, both in and out of the army.

In the midst of the discussion, the Society took a recess for dinner until 3 o'clock, P. M.

SECOND DAY, AFTERNOON SESSION, }
WEDNESDAY, *June* 17, 1863. }

The Society resumed the debate on the resolutions under consideration before recess. Drs. Noble, Houghton of Indiana, Kirtland, McBride, Hamilton and others, continued the discussion.

Dr. MCBRIDE withdrew his substitute, and read a written statement of his views, disapproving the tenor of the Circular, but doubting the propriety of extreme language in our resolutions of disapproval.

The resolutions and preamble of the Committee were taken up separately, and unanimously adopted.

Dr. E. B. STEVENS read his paper on New Remedies. On motion, referred to Committee on Publication, with instructions to print, and requested to continue on the same Committee to report at some future meeting, with the thanks of the Society.

Asylum for Inebriates.

Dr. RUSSELL offered the following:

Resolved, That in the opinion of the State Medical Society, it is time our Legislature should adopt measures to erect an Asylum for Inebriates in our State.

Resolved, That an opportunity now be afforded for members of this Society to submit donations to this worthy object, which shall be binding if this State shall make an appropriation of $20,000 or more, for such noble charity before the expiration of the next two years.

Resolved, That the President of this Society is requested and authorized to appoint one regular physician in each County of the State, who shall be solicited to procure subscriptions from our medical brethren in each County, and exert all laudable efforts in his power to enlist the energies of our Senators and members of the next Legislature, as may be practicable for the passage of such laws as shall effect this object at an early day.

The Committee on Ethics made the following report:

Your Committee beg leave to report that in view of the evidence before them, they believe it to be their duty to sustain the action of the Montgomery County Medical Society, and ask to submit the following resolution:

Resolved, That Dr. CROOK be expelled from this Society.

J. S. REISINGER,
H. S. CONKLIN,
F. M. ANDREWS.

On motion, the report was accepted and adopted.

Dr. HYATT moved that five hundred copies of the Constitution and By-laws and Code of Ethics be published for the use of the State Society, and that the Treasurer be instructed to send a copy to each member of the Society as soon as published.

A charge of non-professional conduct was preferred against Dr. GRUWELL, of Damascoville, and on motion, it was referred to the Committee on Ethics.

On motion of Dr. SCARFF, when this Society adjourn, it adjourn to meet at Cincinnati, on the third Tuesday of June, 1864. Amended to read White Sulphur Springs, instead of Cincinnati.

Dr. M. DAWSON offered the following:

Resolved, That the thanks of this Society be tendered to ANDREW WILSON, Esq., of the White Sulphur Springs, for the use of the hall and other accommodations afforded the meetings of the Society, as well as the courtesy and attention we have received as his guests.

On motion, the Society took a recess until to-morrow morning, at 9 o'clock.

THIRD DAY, MORNING SESSION, }
THURSDAY, *June* 18, 1863. }

9 o'clock, A. M.—Minutes read and approved.

Homœopathic Examining-Surgeon.

Dr. LEONARD offered the following, which, after some remarks and minor amendments, were adopted:

Whereas, It is known that the Secretary of War has appointed one Dr. GILSON, a homœopathic pretender, as Examining-Surgeon in the Board of Enrollment, in the Fourth Congressional District, in preference to honorable and high-minded men of the regular profession; therefore,

Resolved, That that appointment, as well as all others of like character, is an outrage on the people of the District, unjust to the profession of medicine and the advancement of science, and prejudicial to the public service.

Resolved, 2d, That the Secretary be directed to send a copy of this preamble and resolution to the Secretary of War, asking his removal, through Governor Tod and Col. Parrott, Provost Marshal of this State.

Medical Education.

Dr. Murphy offered the following:

Resolved, That the members of this Society and the profession of the State at large be requested to exact from all students the qualifications as to preliminary education laid down by the American Medical Association.

Resolved, That the President appoint a committee of three members to be present, with the permission of the several faculties, at the final examination of the candidates for the degree in each of the four medical schools of the State.

Resolved, That the schools of the State be requested to raise their fees so as to amount in gross to one hundred and five dollars.

And proceeded to address the Society at considerable length on the whole subject of medical schools, medical students, medical education, etc., etc. Drs. Scarff, Russell, Kirtland, Spees, Hamilton and others participated in the debate. The resolutions were adopted.

Volunteer Papers.

Dr. N. Dalton proceeded to read a volunteer paper on "Arrest and Cure of a case of Mollities Ossium by the use of Phosphate of Lime and Phosphoric Acid, with remarks." On motion, referred to the Publication Committee with instructions to print, and the thanks of the Society to the author.

Dr. Hyatt proceeded to give a volunteer contribution "On the use of Hydrocyanate of Iron in Epilepsy, with cases." On motion, referred to the Committee on Publication with instructions to print.

Remarks were made by Dr. Stevens, giving some personal experience adverse to the beneficial effects of the remedy; and by Dr. Kincaid, especially giving his experience in the good effects of cannabis indica and belladonna.

Recess.

Third Day, Afternoon Session, Thursday, *June* 18, 1863.

The question of the existence of a diploma plate or parchments for this Society was raised by Dr. Stevens, and after some remarks by several of the old members, on motion, Drs. Gans, Stevens and Murphy were appointed a committee to make all necessary inquiries on this matter, prepare a design of a plate, if necessary, and report the expense, at the next meeting.

Dr. McBride read a volunteer paper on certain adipose tumors. Referred to the Committee on Publication with instructions to print.

At different times during the session of the Society the Committee on Admissions reported the names of the following as suitable persons to become members of the Ohio State Medical Society, who were thereupon duly elected: Drs. T. L. Neal, Dayton; Robt. Woody, Eaton; A. Beach, Bellville; C. D. Case, Lewis Centre; C. Gunzaulus, Mt. Liberty; Joel Morse, Cleveland; R. E. Jones, Gomer; A. Potter, Wiltshire; Alleyne Maynard, Cleveland; J. J. Hamill, Newark; S. J. Spees, Lynchburg; J. C. Brown, Urbana; Milton Mitchell, Mansfield; L. J. Pease, Williamsburg; J. H. Buckner, Cincinnati; J. T. Reid, Fairfield; and John Turnbull, Xenia.

The Finance Committee make the following report:

The Committee on Finance respectfully make the following report: Having examined the accounts, papers and vouchers of the Treasurer, Dr. J. B. Thompson, we find the same correct, the exhibit presenting the following statement:

Balance in Treasury from last year		$ 11
Postage stamps and stamped envelopes		3 93
Initiation fees and fees of assessment, and sales of Transactions	263.02	$267 06
Expenditures		233.95
Balance in Treasury		$33.11

Your Committee take great pleasure in expressing much gratification in the very satisfactory manner in which the Treasurer has performed the arduous duties of his office, and unanimously recommend the adoption of the report.

C. P. Landon,
J. P. Kirtlad,
W. D. Scarff.

On motion, adopted.

The subject of obituary notices came up, and Dr. Landon stated that he had been unable to collect any materials of value; and, on motion, the members present were requested to give personal reminiscences of any deceased members of their acquaintance. Dr. Hamilton gave touching and appropriate notices of Drs. Pierce, Carley and Spillman. Dr. Smith noticed still further the deaths of Dr. Pierce and Dr. McMeens.

The President announced the following committees for the ensuing year:

STANDING COMMITTEES.

Executive—M. Dawson, E. Hyatt, J. G. Rogers, J. P. Kirtland, R. Thompson.

Finance—D. S. Gans, R. L. Sweney, A. Carey, D. Noble, T. J. Mullen.

Publication—E. B. Stevens, N. Dalton, J. J. Hamill, J. W. Hamilton, W. W. Dawson.

Medical Ethics—J. S. Reisinger, F. M. Andrews, A. Metz, H. S. Conklin, W. C. Hall.

Medical Societies—P. Beeman, A. McBride, W. L. Peck, Wm. Mount, G. F. Mitchell.

SPECIAL COMMITTEES.

Surgery—N. Dalton.
Diseases of the Eye—A. Metz.
Obstetrical Surgery—M. B. Wright.
Practice of Medicine—J. A. Murphy.
Obituaries—M. Dawson.
Electricity in Obstetrics—D. S. Gans.
New Remedies—E. B. Stevens.
Insanity—R. Gundry.
Asthma—T. A. Reamy.
Pancreatic Disease—J. P. Gruwell.
Diphtheria—P. Beeman.

Delegates to Indiana State Medical Society—H. S. Conklin, J. A. Murphy.

Delegates to American Medical Association—W. C. Hall, Fayetteville; A. Metz, Massillon; J. G. Rogers, New Richmond; D. S. Gans, J. A. Murphy, E. B. Stevens, G. C. Blackman, J. L. Vattier, Geo. Fries, B. F. Richardson, J. Graham, W. W. Dawson, M. B. Wright, Cincinnati; F. M. Andrews, J. C. Denise, T. L. Neal, C. McDermont, Dayton; J. W. Russell, Mt. Vernon; W. L. Peck, Circleville; Wm. Mount, Cumminsville; F. T. Hurxthall, Massillon; L. T. Pease, Williamsburg; G. F. Mitchell, Mansfield; J. S. Reisinger, Gallion; P. Beeman, H. S. Conklin, Sidney; Abel Carey, Salem; J. W. Hamilton, John Thompson, S. M. Smith, John Dawson, Columbus; C. P. Landon, Westerville; N. Dalton, Logan; G. W. Boerstler, Lancaster; M. Dawson, Royalton; R. L. Sweeney, Marion; E. Hyatt, Delaware; A. McBride, Berea; T. J. Mullen, New Richmond; B. B. Leonard, West Liberty; C. C. Hildreth, Zanesville; E. Vanatta, New Lexington; D. Noble, Sugar Tree Ridge; T. W. Gordon, Georgetown; G. C. E. Weber, E. Sterling, J. A. Sayles, C. A. Terry, A. Maynard, Cleveland; W. B. Scarff, Bellefontaine; C. Falconer, Hamilton; C. Cochran, Sandusky; S. J. Spees, Lynchburg.

MASSACHUSETTS MEDICAL SOCIETY.

PITTSFIELD, MASS., *June* 17, 1863.

The ——— Annual meeting of the Massachusetts Medical Society, was held in Pittsfield on the 17th ult. The *Boston Medical and Surgical Journal*, from which the following report is taken, speaks of it as one of the most agreeable anniversaries that have yet occurred in its annals.

A large number of Fellows availed themselves of the occasion to escape from the daily routine of professional life, and spend a brief holiday amidst the beautiful scenery of Berkshire. The citizens of Pittsfield spared neither labor nor expense in providing for the wants of their guests, and in contributing to their entertainment. Many of them opened their doors for the accommodation of the large number of Fellows who were unable to obtain lodgings in the hotels, and several of them entertained the members at their houses on the evenings of the 16th and 17th. To the Committee of Arrangements the Society is largely indebted for their successful management of all the details relating to the meeting. A highly interesting exhibition, consisting chiefly of calisthenic exercises, was given to the Fellows by the young ladies of the Maplewood Institute, by the courtesy of the Rev. Dr. SPEAR, the able head of the establishment. The Messrs. TILDEN, whose medical preparations are so extensively and favorably known, invited such of the members as were able to remain after the meeting, to visit their extensive laboratory and gardens at New Lebanon, and to witness the process of manufacture of vegetable extracts *in vacuo*.

In presenting his annual report as Treasurer, Dr. GOULD announced his intention of not becoming again a candidate for the office. Much regret was expressed at the retirement of an officer to whom the Society has been for more than nineteen years indebted for the most faithful and efficient services, and the thanks of the Councillors were unanimously tendered him. The Treasurer represented the financial affairs of the Society to be in an improved condition, and anticipated an early liquidation of the debt under which the Society has labored for several years past.

The following officers were chosen for the ensuing year:—

President—Dr. Josiah Bartlett, of Concord.
Vice President—Dr. Ebenezer Alden, of Randolph.
Corresponding Secretary—Dr. B. E. Cotting, of Roxbury.
Recording Secretary—Dr. W. W. Morland, of Boston.
Treasurer—Dr. Francis Minot, of Boston.
Librarian—Dr. W. E. Coale, of Boston.
Orator—Dr. J. Mason Warren, of Boston.
Anniversary Chairman—Dr. H. J. Bigelow, of Boston.
Committee of Arrangements—Drs. W. E. Coale, Ezra Palmer, W. E. Townsend, Anson Hooker and Francis Minot.

The meeting of the Society was held on the following day, at 10 o'clock, in the Berkshire Medical College. Delegates from the State Societies of New York, Connecticut and New Jersey were present, and delegates to the societies of all the New England States, of New York and New Jersey were appointed. Dr. H. R. STORER, of Boston, read an interesting paper on the Employment of Anæsthetics in Obstetric Surgery and Medicine; and Dr. SWINBURNE, of Albany, N. Y., presented a paper on the subject of Ambulance Corps, which was referred to the Councillors.

At 12 o'clock, Dr. MORRILL WYMAN, of Cambridge, pronounced the annual discourse, an able and eloquent vindication of the claims of medicine to the confidence of the public, and which was listened to with deep attention and interest.

The dinner, which took place at West's Hall, at 2½ o'clock, was tendered to the Fellows of the Society by the citizens of Pittsfield, and was all that taste and liberality could devise. About two hundred gentlemen were seated at the tables. Dr. H. H. CHILDS, of Pittsfield, presided as Anniversary Chairman. Among the invited guests we noticed Dr. ALDEN MARCH, of Albany, President of the American Medical Association; Dr. HOPKINS, President of Williams College; Rev. Dr. TODD, of Pittsfield, and many others.—*Boston Medical and Surgical Journal.*

EDITORIAL DEPARTMENT.

Periscope.

FOREIGN.

Tapping Joints Distended with Fluid.

Professor INZANI, of Parma, in a paper on this subject, in *Omodei's Annali*, begins by asserting the perfect harmlessness of puncturing a distended joint, even during the progress of acute inflammation. The fear of bad consequences following from the wound of the tendinous structures is a mere imagination of the ancients; nor does the air ever appear to make its entrance. The puncture may be made with a trocar or a lancet; the latter is preferable for superficial joints. The author has operated very frequently on the knee, several times on the elbow, occasionally on the carpus and ankle, and once only on the hip; no bad consequences ever followed. Pressure by means of a starched bandage should be made, and when the synovial sac refills it should be again punctured before the distension has advanced too far. In this way a radical cure may be obtained. Examples are given in which large joints, principally the knee, were open for effusions of blood, of serum in acute inflammation, of serum in chronic inflammation, and of pus,—usually with a successful result. But paracentesis should be avoided where the skin is much thinned and ulceration seems impending. In the synovial bursæ, paracentesis has given equally good results. The examples which are given are those of effusion in the sheaths of tendons after accident (as the peronei in sprains of the foot, the extensors of the thumb in falls of the hand,) in which a puncture will give exit to synovial fluid mixed with blood, with much relief to the pain and abbreviation of the course of the disease. The author believes that by these punctures chronic synovitis may often be arrested in cases which, treated by ordinary methods, would end in "white swelling," and that in dropsy of the joint the treatment by repeated puncture and pressure is as effectual and more safe than by injections.—*London Med. Review and Dublin Medical Press.*

The Action of Expectoration.

In a paper on this subject, read at a recent meeting of the Glasgow Medical and Chirurgical Society by Dr. W. T. GAIRDNER, he advanced the theory that the bronchial tubes acted in a manner similar to that of the bowels, and ejected their contents by a peristaltic motion, which could as certainly be increased by appropriate medicines as could that of the bowels.

Mortality in London in 1862.

The deaths in London in 1862 from all causes were 66,950, of which 34,133 were males, and 32,817 females. The greatest number occurred in the forty-eighth week, ending 29th of November, when they rose to 1745. In that week the mean temperature of the air fell to 37.18. The least number occurred in the twenty-eighth week, and was 1065, when the mean temperature rose to 58.28.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JULY 4, 1863.

The rebel invasion of this State, the threatened demonstration against Philadelphia, and the excitement consequent thereon, make it incumbent on us to ask the indulgence of our readers for any irregularities that the extraordinary circumstances in which we are placed, may cause.

The editor has felt it to be his duty to take up the musket for city defence, and, for awhile his time will be partly occupied with military duties. It is hoped that no emergency will arise that will require his whole time, but if there should, there are others who will no doubt lend their aid in the editorial management of the Reporter.

The same circumstances have so deranged all branches of business, that it will be difficult to get the full quota of work done, or to get it done with the promptness that is desirable. We shall do the best we can.

We must ask our subscribers to be indulgent, to send us communications, (for the excitement has nearly stopped these,) and to answer our calls upon them as promptly as possible.

"NUMBER SIX."

The Surgeon-General's Order No. 6 is likely to be turned to some account in eliciting information in regard to the *abuses* of calomel and tartar emetic. It will also aid materially in giving vivacity and interest to the Medical History of the War, though, in view of the ability of the able editors of that work, and the abundance of material, it scarcely needed such questionable aid.

The Circular to the medical profession, on another page, places Order No. 6 in a new light. It is a tacit admission of the justice of our criticisms upon it, for it seems now that it was not intended that calomel and tartar emetic were to be entirely struck from the supply list, but only that a check should be put upon their indiscriminate use. They are still issued, if we understand this circular rightly, "on special requisition."

We are very glad that the Surgeon-General has made this explanation. How much better it would have been to have worded his original order in such a way as not to require explanation.

It is possible that enough "eminent members of the medical profession" will be found to give in their adhesion to the entire propriety of Order No. 6, in the light of the explanation contained in this last order, to give the color of the sanction of the profession to it. These medical men will probably be actuated by two principal motives, viz.: A few by conscientious hostility to the use of these agents which they have practically carried out in every-day practice, and more because the order emanated from so distinguished a source as the Surgeon-General's office, and therefore must be right. But we would like to have the whole profession speak out in response to this circular—not doubting but it will be generally distributed—and have a fair balance struck.

We are receiving communications from our subscribers on the subject, and shall reserve any further comments for another occasion.

As the proof of this is passing through the press, another explanatory note appears, to the effect that the circular to eminent members of the profession, referred to above, is intended to be sent to medical officers of the army, only.

THE ABUSE OF MERCURIALS.

The following Circular, published prior to the reception in the West, of Surgeon-General Hammond's famous anti-mercury edict, has been furnished us by a practitioner in Missouri. As contrasted with the Washington Circular, and as an evidence of sound common sense united to professional knowledge, covering the subject so completely, to the annihilation of the *abuse* and not the *use* of mercury, we consider it worthy of insertion in the Reporter.

Assistant Surgeon-General's Office,
St. Louis, Mo., May 7, 1863.

Circular, No. 11.—Numerous cases of salivation, and even cases of sloughing phagedena of the cheek, resulting from the abuse of mercurials, have been reported to this office.

The attention of Medical Directors is called to the fact, that such a reckless exhibition of this powerful remedy is not uncommon. With a view of correcting this evil, they are hereby directed to issue instructions, that in future, any Surgeon in charge of a General Hospital, or Hospital Transport, who shall be called upon to receive any case of a similar aggravated character, shall immedi-

ately report to this office the name of the medical officer who has been guilty of such malpractice.

(Signed,) JOSEPH B. BROWN,
Surgeon U. S. A., Act'g Assist. Surgeon-General.

Army and Navy News.

The Use of Calomel in the Army.

The following circular of inquiry has been issued for distribution among medical men:

Surgeon-General's Office, Washington City, D. C., June 12th, 1863.—Dear Sir—Desiring to obtain the opinions of the more eminent members of the medical profession relative to the indiscriminate use of calomel and tartarized antimony, I have the honor to request that you will answer the following questions:

1st. To what extent do you prescribe calomel and tartar emetic in your practice?

2d. Do you regard these agents as indispensable in the treatment of disease?

3d. In view of the facts that a large number of the medical officers of the army are young and inexperienced, and that soldiers in the field cannot be placed beyond the influence of atmospheric vicissitudes and exposure whilst undergoing medical treatment, would you recommend that the medicines in question be issued to army medical officers, except, as at present, upon special requisition?

4th. Do you or do you not think that more harm than good has resulted from the use of calomel and tartar emetic as medicines?

It should be stated that the following mercurials are at present on the Supply Table, viz:—

Hydrargyri chloridum corrosivum;
Hydrargyri iodidum flavum;
Hydrargyri oxidum rubrum;
Hydrargyri pilulæ;
Hydrargyri unguentum;
Hydrargyri nitratis unguentum;
Pilulæ catharticæ compositæ;

and that it is provided by paragraph 13, of Circular No. 7, dated Surgeon-General's Office, May 7, 1863, which contains the Supply Table, and which refers to the manner of obtaining medical supplies, "that it is not the design of the Department to confine Medical Officers absolutely to that table, either in variety or quantity, but only to establish a standard for their guidance in making requisitions for supplies leaving individual preferences to be indulged at the discretion of the Medical Director or Surgeon-General. Neither is it supposed that the quantities of the table will always meet the necessities of unusual emergencies, as during epidemics, or in unhealthy seasons and localities; and medical officers who allow their supplies to be exhausted through any such contingencies, without timely notice of their approaching necessities, will be held to strict accountability."

I am, sir, very respectfully,
Your obedient servant,
WM. A. HAMMOND,
Surgeon-General, U. S. A.

Orders.

Assistant Surgeon NORRIS has been ordered to report to the Medical Director of Washington.

Assistant Surgeon HILLERY ordered to report to the Medical Director of Baltimore.

Assistant Surgeon COWLES ordered to report to Medical Director at Harrisburg.

Assistant Surgeon RAMSEY ordered to take charge of Chester Hospital, near Philadelphia.

Assigned to North Carolina.

Surgeon J. H. SULLIVAN has been assigned to the Department of North Carolina.

Naval Surgical Changes.

Surgeon JOHN L. FOX is detached from the Chelsea Hospital and ordered to the sloop-of-war *Brooklyn*. Surgeon SAMUEL JACKSON is detached from the *Brooklyn* and ordered North. Surgeon LEWIS J. WILLIAMS is detached from the Navy Yard at New York and ordered to the sloop-of-war *Richmond*. Surgeon A. A. HENDERSON is detached from the *Richmond* and ordered North. Surgeon G. R. B. HORNER is ordered to the Navy Yard at New York. Surgeon Jos. BEALE has been ordered to the Naval Hospital at Chelsea, Mass.

Pension Examining Surgeons.

Maine—Dr. JOHN L. ALLEN, Saco. *New York*—Drs. JOHN ROOT, Batavia; DELOS A. CRANE, Holland Patent; E. A. MUNGER, Waterville; THOMAS J. BAILEY, Norwich. *New Jersey*—Dr. P. H. BRAKELY, Belvidere. *Illinois*—Dr. ALEX. K. KELLOGG, Mound City, *vice* S. W. HUNT, removed. *Pennsylvania*—Drs. PETER FALKNER, Erie; J. S. GRIFFITHS, Huntington. *Ohio*—Dr. GEO. O. HILDRETH, Marietta. *Indiana*—Dr. Jos. W. REDDEN, Shawneetown. *Iowa*—Dr. EDWARD WHINERY, Fort Madison. *Missouri*—Dr. JOHNSTON LYKENS, Kansas City.

Sick and Wounded.

The number of sick and wounded in all the hospitals of the country is about 49,000.

News and Miscellany.

New Professors in Harvard University.

Dr. CALVIN ELLIS, of Boston, has been appointed Adjunct Professor of the Theory and Practice of Physic in the Medical Department of Harvard University. The *Boston Medical and Surgical Journal* says: A more fortunate selection than this for the College certainly could not have been made, and we are confident that it will prove completely satisfactory both to the profession and to the large body of medical students with whom the new professor is so popular. Dr. ELLIS has had a large experience in teaching as Assistant in Pathological Anatomy, and shown himself particularly adapted to impart to others the varied knowledge he possesses.

Prof. WALCOTT GIBBS, of New York, has also been chosen to fill the Rumford Professorship, made vacant by the resignation of Prof. HORSFORD, and to take charge of the Chemical Department of the Scientific School.

Dr. Hand.

It was announced in a recent number, that Dr. HAND, Medical Director of the army at Suffolk, Va., had been captured by the rebels. It seems that he received very severe injuries in his capture, from which he may never recover. The circumstances are related as follows:

When the guerrillas observed him approaching, they ordered him to halt, which he did not do instantly. Several rifles were then discharged at him, and though he fortunately escaped being shot, his horse fell mortally wounded beneath him. It was at this instant one of the cowardly assassins rushed from his place of concealment in the bushes and struck the fallen rider across the head with the butt of his rifle.

This stroke has affected the Doctor's spine, and he has found it imperative to return to the North for rest and medical treatment. During his temporary absence, Surgeon A. D. GALL, of the Thirteenth Indiana Volunteers, will assume the duties of the office of Medical Director.

The Harris Hospital Car.

The Camden and Amboy R. R. Company has just completed and presented to the Sanitary Commission a new hospital car, of which the following is a description:

The lenth is 41 1-2 feet, and the width 8 feet 7 inches. The car will accommodate thirty-six patients, with the requisite number of attendants, usually three or four,—surgeon, steward and two "contrabands;" the patients being divided off as follows: twenty-four in beds, four on sofa, and six—the more convalescent—in easy chairs. Some idea may be formed of the thoughtfulness of Dr. Elisha Harris, of New York, the originator of these cars, when we state that in addition to all the mechanical comforts supplied in the build of the car, the following partial list of articles of the first quality are also provided: 24 stretchers, 31 pillows, 24 counterpanes, 24 pairs of socks, 30 pairs slippers, 60 towels, 10 pair surgeon splints, 15 gowns, 1 roll of lint, 25 handkerchiefs, cooking apparatus, case of medicine, beef-sock, coffee, milk, cups, pitchers, knives, tin plates, bandages, rubber air pillows, rubber pails and blankets, utensils for cleansing, canteens, fans, and jellies—making in all a complete and portable hospital.

The facilities for ventilating the car cannot be surpassed for simplicity and efficacy. A free and pure current of air is constantly supplied, smoke and dust being ingeniously avoided. Every department in fact is so comple that a simple description cannot do justice to the ingenuity displayed on each.

MARRIED.

McCall—White.—At Washington, D. C., on the 25th June, by the Rev. James Buck, Charles A. McCall, Assistant Surgeon U. S. Army, of this city, and Cordelia L., daughter of W. G. W. White, Esq., of Washington.

Stevens—Phillips.—On the 17th ult., at Beech Grove, by the Rev. A. Gosman, Dr. Thos. S. Stevens and Miss Sallie S., daughter of James A. Phillips, both of Lawrence, N. J.

Von Tagen—Mitchell.—At Roxborough, Twenty-first Ward, Philadelphia, June 5th, by the Rev. Marcus A. Tolman, Dr. Charles H. Von Tagen, U. S. Army, and Lucia W., daughter of T. Mason Mitchell, Esq.

DIED.

Bullard.—Dr. Bullard, a distinguished physician in Indianapolis, died there recently, from disease contracted in aiding the Western volunteers.

Cruice.—In this city, on the 21st ult., Dr. John J. Cruice, eldest son of the late James P. Cruice, Esq.

Day.—June 27th, 1863, Willie Bowling Day, infant daughter of Dr. D. C. and Mrs. Julina Day, of Nashville, Tenn., aged 2 months and 27 days.

Jackson.—March 21, near Willow Grove, Del., of consumption, Lewis P. Jackson, M.D., in his 28th year.

Kennicott.—Dr. John A. Kennicott, one of the most distinguished naturalists and horticulturalists in the West, died at his residence at "Cottage Grove," near Chicago, on Thursday morning, June 4th. The deceased was one of the earliest settlers there, having been identified with northwestern interests for thirty years. His intense love of everything appertaining to horticulture, his extensive theoretical knowledge, practically applied, of this, his life passion, have made him famous throughout the Northwest, wherever flowers bloom or trees put forth fruit. For many years he was President of the State Horticultural Society, and as such was always considered to be the leading spirit of that now distinguished body.

Metcalfe.—In Morristown, N. J., on Thursday, June 18, Frances Augusta, infant daughter of Dr. John T. Metcalfe.

Munn.—Suddenly, in Chatham, Morris county, N. J., June 22, Jeptha B. Munn, M.D. Dr. Munn was the oldest President of the Medical Society of New Jersey. He was elected Lieutenant Governor under the old Constitution of New Jersey, and for a time officiated as Governor. He was eighty-five years of age at the time of his death.

Power.—In Dublin, May 14, 1863, John Hatch Power, M.D., æt. 56. Dr. Power was Professor of Surgery in the Royal College of Surgeons, Dublin. He was the author of an excellent work on the Surgical Anatomy of the Arteries.

METEOROLOGY.

June	22,	23,	24,	25,	26,	27,	28.
Wind	S.	S. W.	S. W.	S. W.	E.	S. E.	S. E.
Weather	Cloudy.	Clear.	Clear.	Clear.	Cl'dy, rain.	Clear.	Cl'dy.
Depth Rain					1 7-10		
Thermometer							
Minimum	55°	55°	57°	58°	60°	58°	59°
At 8 A. M.	61	66	67	71	66	68	67
At 12 M.	71	70	72	77	66	74	74
At 3 P. M.	69	73	73	79	65	77	77
Mean	67	69.7	70.1	76	66	73	73
Barometer.							
At 12 M.	30	30.1	30.2	30.3	30.2	30.2	30.2

Germantown, Pa. B. J. Leedom.

VITAL STATISTICS.

	Philadelphia. Week ending June 27.	New York. Week ending June 20.	Baltimore. Week ending June 27.	Boston. Week ending June 20.	Providence. Month of
Population in 1860..	565,529	805,651	212,418	177,812	50,666
Mortality.					
Male	123	206	54	23	...
Female	87	184	45	24	...
Adults	82	158	26	30	...
Under 15 years	126	232	72	...	...
Under 2 years	85	136	48	...	...
Total	210	390	99	52	...
Deaths in 100,000	37.12	48.40	46.62	27.24	.....
American	166	273	...	31	...
Foreign	37	117	...	20	...
Negro	12	6	20	...	...
Zymotic Diseases.					
Cholera, Asiatic	...	...	...	...	...
Cholera Infantum	9	7	12	...	...
Cholera Morbus	...	...	...	...	...
Croup	4	13	7	1	...
Diarrhœa	3	6	...	...	...
Diphtheria	1	16	2	...	...
Dysentery	...	6	6	1	...
Erysipelas	1	2	...	...	...
Fever, Intermittent	...	...	...	...	...
Fever, Remittent	...	...	...	2	...
Fever, Scarlet	5	20	9	1	...
Fever, Typhoid	7	16	...	3	...
Fever, Typhus	...		...	...	...
Fever, Yellow	...	...	...	...	...
Hooping-cough	1	...	2	...	...
Influenza	...	...	...	...	...
Measles	6	11	...	...	...
Small Pox	...	5	2	...	...
Syphilis	...	...	...	...	...
Thrush	...	...	...	1	...
Sporadic Diseases					
Albuminuria	...	...	...	...	...
Apoplexy	4	6	...	2	...
Consumption	26	40	11	10	...
Convulsions	14	40	...	...	...
Dropsy	8	16	1	1	...
Gun-shot Wounds	2	...	1	...	...
Intemperance	...	...	...	3	...
Marasmus	13	20	...	...	...
Pleurisy	...	...	...	...	...
Pneumonia	...	...	...	3	...
Puerperal Fever	...	...	...	1	...
Scrofula	...	...	...	...	...
Violence and Acc'ts	11	30	...	2	...

American Dental Convention.

The ninth annual session of this body will take place on Tuesday, August 4th, at Saratoga Springs, New York.

American Dental Association.

The regular annual meeting of this Association takes place in this city, on the last Tuesday, (the 28th) of July next, at 10 o'clock, A. M.

THE

MEDICAL AND SURGICAL REPORTER.

No. 347.] PHILADELPHIA, JULY 11, 1863. [Vol. X.—No. 11.

Original Department.

Communications.

GLYCERINE

In the Treatment of Diseases of the Eye.

Translated and arranged for the Medical and Surgical Reporter,

By A. Metz, M. D.,

Of Massillon, Ohio.

M. Debout (*Bull de thérap*, 1862, *p.* 19,—*annales d' oculistique*, *Février*, 1863,) highly extols the glycerate of starch as an excipient for ophthalmic pomades. To prepare it, heat the starch mixed with the glycerine, so as to make it boil the least time possible, so as not to hydrate the peripheric parts in contact with the vase.

M. Debout has adopted this formula after the experiments of MM. Mialhe and Grassi:

Take Glycerine,	15 gr.
Starch,	1 gr.

Heat in a capsule over the flame of gas or a spirit lamp, and stir with a spatula until complete hydration of the starch has taken place.

The following is a resumé of the advantages of the new preparation considered as a simple medicament, and as excipient of the pomades:

1. The glycerole of starch is one of the most elegant excipients of pharmacy. The glycerine is obtianed from vegetable oils, the preparation of the new pomades does not present the odor of grease, and far from causing erythema, it cures it when it exists.

2. Whatever chemical agent is employed, these pomades *are not altered*, and can constitute officinal preparations.

3. The agents used as medicaments are not only in a mixed state, but rather in dissolution in the excipient. The new pomades are much more active, and determine the dynamic effects of the substances which serve them as base.

4. Their consistence does not vary on application, and they remain circumscribed to the regions on which they are placed.

5. The solubility of the excipient renders the removal of the pomade easy.

6. The special qualities of the glycerole of starch are such as to constitute it the best excipient of the pomades to employ in diseases of the eye and the skin.

In the same Number of *Annales d'oculistique* the special chapter on the use of Glycerine in the treatment of ocular maladies is transferred from M. Demarquay's volume "*De la glycérine et ses applications â la chirurgie et â la médicine.*"

Glycerine, associated with one or several medicaments for which it serves as vehicle, constitutes the *glyceroles*. Solidified by its association with another substance, as starch, for example, it becomes a *glycerat*, an unctuous substance, a proper excipient for medicinal substances with which it forms ointments, pomades, etc.

M. Demarquay says:—"The application of glycerine in diseases of the eye, constitutes a real progress in the therapeutics of these affections. It has been a long time retarded by the impurities of the glycerine of commerce, which has caused a hesitancy, in consequence of its irritant properties, to apply it to an organ as delicate as the eye.

"Hence, in the first edition of this work, we had only to register the treatment by M. Taylor of xerophthalmy, and its employment by Mr. Bowman in cauterization of the cornea. We also simply announced, for want of positive information, the success that Mr. Dallas had obtained from it in several cases of ophthalmy.

There the application of glycerine in eye diseases ended. Since then, pharmaceutists have supplied a more perfect product, and the means of giving glycerine the consistence of pomade having been found, the field of its application is considerably enlarged. Notwithstanding, that since the commencement of our researches, we have directed our attention to this matter, we will under the circumstances invoke the experience of others as more conclusive and more affirmative than our own.

MM. Foucher and Debout are the principal authors of these new attempts. M. Foucher has especially paid attention to glycerine in liquid collyria, whilst M. Debaut has substituted the use of the *glycerats* for the ordinary ophthalmic pomades,—a happy substitution, when we think of all the inconveniences of the excipients of those pomades. For this purpose lard and butter were used, which soon became rancid, and which soon would undergo this transformation in contact with the lids, irritate the parts, and produce often an effect opposite to that designed. And in what state did they hold the base? Was it in a form to facilitate its action when designed to act locally, or its absorption, when that was desired?

On the contrary, glycerine, if I may thus express myself, commences by cleaning (décaper) its surface

of application, so as to present it pure to the medicinal agent.

It is employed, either pure or as excipient, be it in the form of collyria or of pomades.

It is one of the best topical applications in the treatment of xerophthalmy. It arouses into action the secretions of the enfeebled glands of the eye, and by the persistent humidity which it keeps up on the surface of the cornea, it prevents the drying of this membrane, and restores its transparency. Its action then is at the same time curative and palliative, but unfortunately, mainly the latter.

In purulent ophthalmy, we have *à priori*, proposed simple glycerine. M. Foucher has applied it, and found it quite beneficial; it aids other means, as scarification of the lids, and cauterization with nitrate of silver. He uses glycerine with one-third or three-fourths water. These injections remove the pus, and consequently prevents its long contact with the diseased surfaces, relieves the distention of those surfaces, and lessens the inflammation.

M. Foucher recommends it as a very useful adjuvant in all cases of ophthalmy, especially in palpebral ophthalmy, and in particular ciliary blepharitis. He makes use of frictions several times a day on the border of the lids with the finger dipped in glycerine, being careful to act from within outward, so as to put the eyelashes in their normal direction, which have, in the last named disease, a strong tendency to turn inward. These frictions keep the surface of the lids quite clean; they soften, detach and remove the muco-purulent secretions which concrete at the base of the eye-lashes, often cause them to come out, favor the formation of ulcerations, and shields the parts from the action of medicaments.

We have seen Bowman employ glycerine after cauterizing the ocular globe, or the internal surface of the lids. This practice is followed by many surgeons.

In introducing a substance as mild and unctuous as glycerine between the lids and the globe of the eye, the irritation and pain caused by the reciprocal rubbing of the lids and globe of rugosites, and scars is prevented.

Finally M. Foucher says that he has cured simple mucous conjunctivitis with pure glycerine alone.

As soon as the ophthalmy presents itself with some intensity, he associates with the glycerine another medicamentous agent in the form of a collyrium.

He recommends the following collyria.

Pure glycerine,	30 grammes.
Borax,	2 to 4 gr.
Pure glycerine,	30 gr.
Sulphate of zinc,	1 to 3 gr.
Pure glycerine,	30 gr.
Sulphate of copper,	1 to 4 gr.
Pure glycerine,	30 gr.
Tincture of iodine,	4 to 8 gr.
Pure glycerine,	30 gr.
Per chloride of iron,	1 to 4 gr.
Pure glycerine,	30 gr.
Tannin,	2 to 4 gr.
Pure glycerine,	30 grammes.
Calomel,	3 to 4 gr.
Pure glycerine,	30 gr.
Sydenham's laudanum,	2 to 4 gr.

These collyria are employed several times during twenty-four hours as ordinary collyria. From their viscidity, they spread upon the diseased surfaces and remain in contact with them a longer time than the latter.

The calomel not being soluble in the glycerine, we think it better to give the association of these two substances the form of *glycerat*.

M. Foucher recommends in ocular, or palpebral conjunctivitis, the collyria of sulphate of zinc, or of borate of soda, as less painful than those of nitrate of silver.

He treats superficial diffused keratitis with the glycerine with sulphate of zinc.

The symptom of photophobia which so frequently accompanies vesiculous or scrofulous ophthalmy is advantageously combatted by the glycerole of laudanum.

As regards the collyrium with sulphate of copper, it is well known that this salt is relatively tardy in its manifestations, but its effects endure a long time; hence, it is reserved exclusively for chronic affections. M. Foucher has established in these affections the efficacy of the glycerole of copper, as well as the glycerole of tannin. The glycerole of perchloride of iron seemed to him less advantageous. He has used these medicaments for the following diseases: opacites in the cornea; vascular or panniform keratitis after excision of the vessels; and for palpebral granulations. The glycerole of tannin, being less energetic than the glycerole of the sulphate of copper, is reserved for cases less intense.

It is astonishing that the nitrate of silver is not found in the above list of formulas; it is because, according to M. Foucher, this salt is incompatible with glycerine, being precipitated in a chlorate.

This fact is true with the larger proportion of the glycerine of commerce, but pure glycerine does not produce it, and presents, on the contrary, a more stable solution than distilled water. The following formula may be used:

℞.	Pure glycerine,	30 grammes.
	Nitrate of silver,	0.05 to 2 grs.

Also, with the glycerine that we have in the hospitals, a *glycerat* of starch may easily be mixed with the nitrate of silver. I daily use this *glycerat* in numerous cases, and especially for cleansing certain specific sores.

The preparations that we have just presented, are not absolute, and the practitioner can vary them as he may judge proper. Thus, Doctor Dannecy recommends the following collyrium:

℞.	Borax,	1 grammes.
	Cherry Laurel water,	5 grs.
	Glycerine,	10 grs.
	Distilled water.	84 grs.

We have said that the glycerine collyria remain a longer time in contact with the surface to which

they are applied, than the aqueous collyria; but in chronic affections this is not yet sufficient, and we must modify the consistence of the preparations, and resort to the *glycerats*.

The *glycerat* of starch is the base of the medicamentous *glycerats* that are applied to the organs of vision.

M. DEBOUT proposes the following formulas:

1. ℞.	*Glycerat* of starch,	15 grammes.
	Sulphate of copper,	0.01 to 0.25 grs.

For chronic affections:

2. ℞.	*Glycerat* of starch,	15 grammes.
	Bioxyde of mercury	0.15 to 0.50 grs.

This *glycerat* is to be substituted for the numerous ophthalmic pomades, among which is the red precipitate, and such as the pomades of Regent, of Desault, of Lyon, etc.

For all the other pomades, the corresponding *glycerats* are substituted. We have cited some examples with which it will be very easy for the practitioner to form the *glycerat* of white precipitate, of acetate of lead, etc.

We will yet present the following.

4. ℞.	*Glycerat* of starch,	15 grammes.
	Iodide of potassium,	0.10 to 1 gr.

M. GOSSELIN has demonstrated that the Iodide of pottassium penetrates the chambers of the eye, through the cornea, and has explained how this salt can facilitate the absorption of certain intra-ocular plastic exudations, combat the formation of cataracts, specks of the cornea, etc.,

In order to obtain these results more readily, M. DEBOUT has furnished the pre-eminently soluble preparation of the *glycerat* of iodide of potassium.

We will close what we have to say as to the application of glycerine to diseases of the eye, by recommending that the ordinary dose of the medicaments to be associated with this substance in ophthalmic preparations be reduced one-third, or one-fourth in strength.

Hospital Reports.

PHILADELPHIA DISPENSARY,
OBSTETRIC DEPARTMENT,
May 2nd, 1863.

CLINIC BY E. A. SPOONER, M. D.

Reported by *J. H. Sherk*, M. D.

Procidentia Uteri.

GENTLEMEN:—Procidentia of the uterus is that displacement which is recognized by a protrusion of the organ external to the vulva.

The *causes* of procidentia of the womb are unnatural weight of the organ with relaxation of its ligamentous and vaginal supports, and all such affections as tend to develop these conditions may be considered predisposing to the disease in question.

The *symptoms*, with the exception of that described by patients as "body protruding from person" are much the same as those caused by other displacements of the organ. Such as pain in the back and groins, indigestion, constipation, irritation of the bladder, &c.

The *diagnosis* will be clear to every intelligent physician when he comes to make an examination by the touch and obtains a view of the parts. The protrusion of the uterus externally may be of greater or less extent, and thus will be constituted varieties in the *degree* of procidentia. Other complications, such as excoriations, ulcerations benign or specific, &c., &c., may accompany the affection, but these are not essential characteristics of the disease.

CASE 1.—M. M., æt. 44, married, mother of two children. Has not menstruated for two years or more. Constipation. Suffers from pain of no kind, except frequent headache. Complains greatly of the inconvenience caused by the protrusion, externally, of a tumor between her thighs. Examination shows the uterus protruding through the vulva to the extent of an inch, and with it the posterior portion of the vagina, which gives to the whole mass a very peculiar appearance; the longitudinal fissure between the uterus and vaginal parieties resembling greatly the mouth of the womb. By grasping the protruding mass between the thumb, fore and middle fingers and by exerting an equable and steady pressure in the direction of the axes of the inferior strait and excavation of the pelvis, the womb is restored to its normal position, and so retained by a ring pessary of three and one-eighth inches external diameter. The posterior tumor, formed by the prolapsed vagina, disappears entirely upon the reduction of the uterine displacement.

She will take for the constipation

℞. Pot. bitart.
Mag. sulph. aa. ℥j M.
Two teaspoonfuls every morning.

To improve her general health, Tinct. cinch. comp. f℥j., three times daily.

This patient returned a week later to report herself entirely relieved. The uterus was in position. The vagina being very greatly relaxed, an injection of white oak bark, one ounce to the quart of boiling water, was ordered.

CASE 2.—C. B., widow, Irish, æt. 45, mother of eight children, youngest seven years. Presented herself at the clinic for the first time on the 18th of March last. Complains of dragging pain in back, extending over the hips. Soreness in stomach—bowels regular—appetite good—general condition rather anemic—menstruated regularly up to nine months ago, since which time she has suffered from a continual sanguinous discharge. Examination by the touch revealed a prolapsed condition of the uterus with relaxed vagina. Examination with the speculum—very great hypertrophy with extensive superficial ulceration of the neck of the uterus externally. Says a body as large as a teacup appears externally whenever she walks any distance, and that she pushed it back just before entering the room. She was ordered the following:

℞, Acid. sulph., dil., f℥ij.
Syr. aurant. f℥iv. M.
Sig. Dessertspoonful three times daily, with one grain of sulphate of cinchona morning, noon and night.

She was told to return in a week and if the tumor appeared to permit it to remain so. A week later she returned. Examination revealed a tumor protruding from vulva about the size the patient before represented it to be. She is obliged to attend to the duties of her house, which makes it necessary that she should walk considerably, and as she cannot long remain in the upright position without the appearance externally of the uterus, the constant rubbing of the thighs against the womb has abraded the entire protruding part. The sound introduced into the uterus gives evidence of retroversion in its descent. The procedentia was reduced as in the other case, and the uterus retained in its proper position by a ring

pessary three and three-quarter inches external diameter. She has since returned to say that the bloody discharge has ceased, and to express herself delighted with the change in her condition.

Case 3. M. K., æt. 43, Irish, widow. Complains of pain in back. Bowels regular. Appetite good. General debility. Examination shows almost the whole of the uterus external to the vulva. The excoriation in this case is not so extensive as in the last, but much deeper. Great hypertrophy of the cervix and body of the uterus. Reduced as in the other cases and kept in position by a ring pessary three inches external diameter. Has now worn the ring for upwards of three months with complete relief.

Editorial Department.

Periscope.

FOREIGN.

OSTEOMYELITIS SPONTANEA DIFFUSA.

By Dr. Th. Demmé,

Lecturer on Surgery and Pathological Anatomy in the University of Bern.

Translated for the Medical and Surgical Reporter

By Prof. Louis Bauer, M. D.,

Of Brooklyn, N. Y.

[Continued from page 137.]

Case Fourteenth.

J. H., æt. 17 years old, field laborer, was received at the Clinical Department on the 14th of November, 1861. From his history, we learned that he had a few years previously suffered from an inflammation of the knee-joint, which had resulted in partial anchylosis. Six weeks before he entered, he was attacked with diffuse osteo-myelitis in his left femur. It was at noon when he first experienced pain. In the evening of the same day, intense febrile action set in, and he could not move. For eight days these symptoms remained without material change. Then a swelling appeared in the neighborhood of the epiphysis which quickly spread over the whole thigh. At about the third week the knee-joint also became swollen, and then for the first time the pain began to moderate. In spite of the use of large blisters, the trouble increased until about the fifth week, when it moderated to a certain extent. When at the end of this he entered, he was extremely anæmic and feeble. An immense swelling encircled the whole of the lower two-thirds of the femur. The joint had a doughy feel. The œdema was spread over the whole extremity; skin of a dirty anæmic brightness. But in this case, even when the pain was on the increase, the patient could lift his limb. This could only be accounted for by the former condition of the joint. The febrile symptoms were considerable. The absence of the evening exacerbation, combined with a tolerable quiet sleep, return of apetite and regularity of the bowels seemed to promise that the disease would take a more chronic form. Seven days after his entrance, the swelling was opened by a incision between the mm. rectus femoris and vastus externus of about six inches in length down to the bone. After it had discharged several drachms of sanguineous ichor, the edges of the wound were cauterized, partly to stop the hæmorrhage, partly to excite a new plastic action. Otherwise, the same treatment as before. A month later the suppuration diminished, the affection of the joint began to abate, the epiphysis femoris was bent inward and thickened by extensive periosteal growths. Still the pus continued to flow copiously. At the end of January, 1862, the abscess was almost closed, and the wound from the incision nearly cicatrized. The bone was still further thickened by growths, partly fibrous, partly bony. The anchylosis of the knee-joint is perfect. There is, however, little movement possible (lateral) which is owing to the epiphysis of the tibia being almost completely separated, which must have occurred during the later period of the disease. On the 12th of February, the wound was entirely healed, and when the plaster-bandage was applied the patient could move his limb without trouble.

Case Fifteenth.

F. J. E., æt. 18 years, had suffered in his ninth year from diffuse osteo-myelitis of the left thigh-bone, which had resulted in a perfect separation of the epiphysis of the tibia. During the latter nine years, several speculæ of bone had, from time to time, been discharged, which had left several disfiguring and hyperplastic scars behind. The whole of the femur was, on account of the unsheathing capsule and the periosteal growths, irregularly thickened. The knee-joint, which had been attacked at the same time, continued to be in a chronically inflamed condition, without, however, causing obliteration of the articular surfaces. In November, 1861, he was received at the clinic on account of a recurring inflammation of the knee-joint, which had this time led to extensive empyæmia of the joint. A large lateral incision sufficed to remove the pus. It healed very quickly without anchylosis, a result somewhat unexpected, and perhaps to be accounted for by the catarrhal character of the affection. As the diastasis interfered with the use of the extremity, the limb was entirely surrounded by the plaster of Paris bandage. With this, at the fifth week, he made the first satisfactory attempt to walk. For want of accommodation the patient had to be discharged with the bandage still on, with the understanding that he would go next year to the Schinznach baths.

Case Sixteenth.

F. E., æt. 17 years, was received on the 11th of July, 1861. Six weeks before, diffuse osteo-myelitis of the left femur had begun. Accompanied by severe pain and intense typhoid-febrile action, a hot, doughy tumefaction was formed, which spread over the whole thigh. The knee-joint became filled with the products of inflammation, the patella was raised, the patient could not bear the slightest movement, and he was sinking daily. When he entered the Hospital, the fever was still intense, his cheeks were sunken, the integuments presented a dirty yellow color, the tongue soft, pale and thickly coated, and lips parched and cracked. Patient thirsty, had no appetite, respiration accelerated, a frequent small and hard pulse, epigastrium distended and tender, constipation of bowels, urine scarce. The swelling, although it spread over the whole thigh, was particularly concentrated around the epiphysis. Knee-joint fluctuating, ligaments relaxed. The treatment consisted until the 22d of August, in placing the limb in a firm, immovable position, and painting it with strong Tincture of Iodine, when the disease having taken a prone chronic character, the swelling was opened with the zinc-paste at the lower border of the vastus-externus. The periosteum was also divided. This

did not, however, relieve the pain. Copious ichorous suppuration added still more to the low condition of the patient. On account of the pus burrowing in and backward, several counter openings had to be made. On inserting the finger through the chief incision, a cavity was reached which occupied the lower half of the femur, and which was partly filled by fragments of disintegrated tissue. The periosteum was loosened almost to its entire extent. The bone was smooth and resonant. A second injection of the iodide of potass, with an excess of iodine brought on a very severe reaction accompanied with chills. In the seventh week, the first symptoms of diastasis and dislocation of the tibia backward, appeared. The integument was here very much infiltrated and threatened to slough. The ligaments had become looser. The lower part of the femur also presented an abnormal flexibility. On account of the necessity of frequent dressing and the other principal indications, the immovable position could not always be retained. At last, through the repeated use of iodine in the cavity, and the dressing with the pyroligneous acid, the discharge was lessened, and it looked a little more favorable. The patient received internally, iron and cod-liver oil. During November, an apparent change set in. The cavity quickly filled with granulations. The softened tissues became firmer, particularly the ligaments. The femur, especially the lower third, became considerably thickened, hard and painless. In spite of these favorable changes, the presence of sequestral fragments was still suspected. In the course of November, it was shown that this supposition was correct. During a new febrile action, the parts again began to soften. A fistulous opening was thus effected which led the sound or the finger into the interior of a sequestral chamber. Pieces of sponge were pressed into the nearest incision, in order to prepare for the extraction of the sequestral fragments. But this gave rise to such serious symptoms, the like of which I had never seen in any case before, and which I did not know how to interpret. Fever, with repeated chills, restlessness, delirium, vomiting and severe pains determined us to remove the sponge, when his condition immediately began to ameliorate. In the beginning of December, several sequestra were removed, which were porous and sinuous, and measured from ½ to 3 ctm., in diameter. The chamber was found to be smooth. But during the following week an œdematous condition having again set in with purulent infiltration, similar necrosed fragments came away. The separation of the superior epiphysis of the tibia was now complete, but the surrounding soft parts had become much firmer, so that there was no fear of perforation. The sequestral cavity was repeatedly treated with Tincture of Iodine, and it soon filled with granulations, The general thickness of the bone increased, and a speedy cure was promised, when in the beginning of February, 1862, the œdema returned on the under surface of the femur. This was followed by the separation of the livid cicatrices, and gave rise to a new inflammatory action in the deep parts. The sound touched necrosed bone. The danger that this new inflammation would lead to the solution of the new formed material, decided us to make an early incision in order to extract the sequestra. They consisted of eroded, cordical plates which altogether measured about 6 ctm. The finger detected smooth surfaces and thick fibrous periosteal growths. The sponges were again used and the reaction which followed was, compared to that on the former occasion, very slight. Already on the eleventh day the greater part of the incision was filled with a granulating material. The recovery now proceeded rapidly. What was remarkable is, that a certain degree of articular mobility was retained.

Case Seventeenth.

This case was very interesting on account of the long duration of the disease and the exact insight obtained into the different stages of the disease. L. V., æt., 25 years, was received on the 3rd of March, 1846. He was affected with diffuse osteo-myelitis of the right femur, which had commenced about five weeks before with the usual symptoms. More than half the bone was implicated as well as the knee-joint. A diffuse sub-periosteal abscess which extended to the popliteal space and extensive collections of pus were freely opened. This succeeded in arresting the affection of the joint; but looseness of both femoral and tibial epiphysis occurred. At the end of ninety days the patient was with a diffuse thickening of the thigh, sent to Schinznach. The wounds still suppurated, and the flexibility in the region of the epiphysis continued. To strengthen this, a supporting capsule was applied. While at the baths several sequestra of cortical substance were eliminated. The same thing happened in the following year, during an increased inflammatory action. On the 29th of December, 1856, ten years later, he was received in the Hospital for the second time. The trouble consisted in an extensive necrosis of the thigh bone with partial loosening of the sequestra in the region of the lower epiphysis, and a considerable prominence in the popliteal space. Several fistulous openings were also formed. After a long preparatory treatment, an incision of about three inches in length was made from which a black sequestrum was extracted, which at its lower end, corresponded to the whole thickness of the femur, but only to the third of the same at its upper end. On the 24th of November, 1857, the patient was discharged with a leather splint surrounding the limb. The flexibility of the bone, which he had retained to this time, gradually lessened. In the summer of 1861, he presented himself for examination. His recovery was perfect.

Contributions to the Knowledge of Glaucoma, By T. H. A. Haffmans.

We have received the January number of the *American Journal of Ophthalmology*, in which there is a continuation of the elaborate article of De Graefe "On Diptheritic Conjunctivitis," also "The Anomalies of Mobility of the Human Eye," by the Editor. But the paper, which is of the most practical character, is entitled "Contributions to the Knowledge of Glaucoma," from which we extract a portion for the benefit of our readers.

The following extracts of the German transcript of this dissertation, which was written in Utrecht, Professor Donders' collaborating, by Dr. M. Schmidt, are intended to make the subject better known in this country.

The description of Glaucoma by Weller is worthy to be reproduced.

"The first symptom," he says "is a smokiness, a mist, periodically occurring, getting more and more dark and large. Soon the patient sees black spots and points appearing in the cloud before his eye. This symptom subsides with the decrease of vision. Slowly the pupil becomes less movable. Supraorbital pains begin, for some time augmenting. These pains may not set in, under favorable circumstances, for days or weeks; usually they become greatest in the evening, and remit in the morning. Photophobia comes on generally only to a moderate extent—hardness of the bulbus. The patient sees the colors of the rainbow around candles; the neuralgia becomes more and more intense, and he has a feeling of tension in the eyeball, as if it were about to burst. The sight decreases continually. The patient distinguishes large objects only. The pupil becomes motionless,

larger and larger, loses its black tinge, and has a dull and dim appearance. In the depth of the eye appears a dim, greenish-black or sea-green coloration, of a concave form. The vessels of the conjunctiva of the globe are distended, go to the margin of the cornea, leaving a dirty-bluish ring around it. The large, immovable pupil either remains round, or becomes irregular and oval. The supraorbital pains continuing, the power of vision is reduced to a mere perception of light. The pupillary edge of the iris folds itself outwards, so that a black ring, the uveal coat, appears. The color of the iris is lost, and soon its structure is hardly to be recognized. The eyeball has a dim, stiff and uncertain appearance. Finally, the lens becomes also obscurated; the green pupil changes its color to a greenish-white, and the surface of the obscuration seems convex, while before it seemed hollowed. The lens soon softens, swells, presses the iris forwards, and diminishes that way the anterior chamber."

"After the pathological changes in the ball have thus attained their climax, and the caspule become obscure, and the eyeball adapted a considerable hardness, it often shrinks and atrophies, the eyelids sink, and cover perfectly and forever the sunken organ."

This description, though by no means complete nor correct in every particular, alludes to the most important points; certainly Weller has not yet recognized the pathogenesis of the disease, as he lays not stress enough on the hardness of the globe. Mackenzie (1830) saw the great importance of the hardness with more precision. He was the first to speak of an augmentation of the fluids of the eyeball, consecutive resorption of the pigment of the choroid, and blindness by increased pressure on the retina. Stellwag von Carion (1855) also believed in the participation of the choroid in the glaucomatous process, but denied the latter to be simply choroiditis. Here and there a distinction is made between *chronic and acute glaucoma;* the disease is described as being sometimes strongly inflammatory, destroying vision in a few days, or even in one, sometimes more benign, a series of slight inflammatory attacks, but which finally lead to blindness. A description of "glaucoma simplex" without inflammatory symptoms is nowhere given.

Such was the state of knowledge before the invention of the ophthalmoscope. After this time, the second period of knowledge having begun, the first observation referring to the subject originated from Edward Jager (1854). He describes and represents among a number of plates, a case of "arthritic glaucomatous amaurosis." He believed to observe the optic nerve convex; the retinal vessels he saw partially discolored, partially radiating from the edge of the papilla, etc., etc. More precisely the aspect of the papilla of the optic nerve was soon afterwards described by De Graefe (1855). The latter added a second very important symptom, the pulsation of the branches of the central artery. Jager had stated the existence of the spontaneous pulse of the retinal arteries before that time, (1854,) but had neither seen that it had any relation to the disease, nor given any explanation of it. Graefe says, "that the most simple explanation of the arterial pulsation seemed to be, that in the great state of intraocular tension, the continual pressure exerted by the arteria centralis on its contents was not sufficient to force blood into the interior of the eye, but that during the *systolic augmentation* of the pressure of the blood, a wave of the latter was propelled through the sclerotical ring."

In regard to the appearance of the optic nerve, Graefe believed it to be a sign of convexity. Weber (1855) first studied the ways to judge the dimensions of depths with the ophthalmoscope, and Graefe, after this, found that the glaucomatous optic nerve was not convex, but excavated. So the most prominent ophthalmoscopic symptoms showed themselves at once as originating from the same source, viz., *the augmentation of intraocular pressure.* So the whole type of the disease received at once its cause and its explanation. To combat the fundamental symptom must be at the same time the basis of treatment and its triumph.

After this period, the researches of Graefe followed quickly each other. They are all deposited in the different volumes of the Archives, and we dispense here with their enumeration, particularly as we return to them in the third part. Graefe distingushed three categories of cases: 1st, Acute or inflammatory glaucoma, (choroiditis glaucomatosa, ophthalmia arthritica of authors); 2d, Chronic glaucoma; and 3d, Amaurosis with excavation of the optic nerve.

The acute form he considers a choroiditis, or iridochoroiditis, with excessive exudation in the vitreous body, consecutive augmentation of intraocular pressure, and the already mentioned secondary symptoms; the chronic form is also inflammatory, and the symptoms which finally all appear, have the same origin; amaurosis with excavation of the optic nerve Graefe cannot admit to have the same pathogenesis, though the functional changes bear some relation to those of chronic glaucoma and the two diseases occur sometimes in the two eyes of the same individual; he rather is inclined to explain the excavation by traction from the body of the optic nerve. So the excavation of the optic nerve seemed to lose its pathognomonic value for the determination of the existence of glaucomatous disease.

To devise therapeutic means to diminish intraocular pressure from that moment became De Graefe's aim.

The experiment of instillations of atropine failed. Repeated paracentesis only ameliorated the symptoms, a few cases excepted. The good effect of iridectomy or iritis and various forms of iriodo-choroiditis he already knew, but he never had noticed that intraocular pressure was diminished by that operation. This he only suspected after he executed it for ulceration and infiltration of the cornea and after having observed the disappearance of small staphylomas. In July, 1856, after several experiments on animals, he first executed the operation for glaucoma on the human subject; 1857 his classical paper appeared and he was already justified in hoping what the future has so brilliantly realized.

His results were the following:

(1.) Iridectomy has always a favorable effect, if performed in the prodromal stage.

(2.) Iridectomy performed during the acute period of inflammatory glaucoma, is the most reliable antiphlogistic.

The ophthalmoscope shows the following, after the operation:

a. The papilla is perfectly normal after a first attack.

b. There is no arterial pulse.

c. There are extravasations of blood in the retina, most of which occurred *after* the operation.

d. Often there are found ecchymotic patches of the choroid near the equator of the globe, which are independent of the operation, and soon subside.

The immediate amelioration of sight must be attributed to the evacuation of the obscurated aqueous humor. The real and permanent amelioration takes place in consequence of the removal of pressure from the retina. The greatest effect shows already two to three weeks after the operation. The injection and hardness of the globe subside earlier. The ciliary neuralgia is generally checked immediately. The sensitiveness of the cornea soon returns, while the iris rarely readopts its normal mobility and structure.

In all cases where the operation was performed within a fortnight of the production of inflammatory action, vision was perfectly restored, even when only a quantitative perception of light had existed.

(3.) Iridectomy in the latter periods gives very different results:

a. Sometimes after many weeks or months after

the first inflammation perfect restoration of vision, if the field of vision and the papilla were normal after the last attack.

b. If the field of vision has become defective, the prognosis is more unfavorable, particularly if the limitation is considerable, and the optic nerve strongly excavated. In *no* case without quantitative perception of light a trace of power of vision was ever restored.

c. The symptoms of augmented pressure, hardness of the globe, paralysis of the iris, insensibility of the cornea, and diminution of the anterior chamber, are *ceteris paribus* favorable as to the prognosis.

d. In all cases, iridectomy checks once forever the cilliary neuralgia and the inflammatory process in general.

(4.) In chronic glaucoma, iridectomy has a temporary effect, depending greatly on individual differences, as to degree and duration.

(5.) In amaurosis with excavation of the optic nerve, iridectomy has no influence on vision, but may perhaps retard the whole process.

At the end of his paper DeGraefe mentions the important question of the way how to perform the operation usefully. Most essential is the eccentricity of the wound, the removal of the iris to the edge, the size of the artificial pupil, and the careful depletion of the aqueous humor.

II. *The causes of the disease* are, as already stated, but very imperfectly known. Mostly weak and delicate persons are affected. 95 patients had 174 deseased eyes; 56 women 39 men. The age from 50 to 70 is most disposed. Myopic eyes are comparatively rarely subject to the disease; myopia was observed in 9 cases only, and in those mostly in a slight degree.

III. *Nature of Glaucoma.*—The basis of the type of glaucomatous disease is increased tension of the liquids of the globe. The cause of this increased tension is unknown.

The supposition "*that the cause of glaucoma is to be sought in an irritated condition of the secretory nerves of the eye,*" remains, therefore, hypothetical for the present; and we refrained therefore from entering more deeply into this part of the paper.

IV. *Symptoms.*—These have been enumerated sufficiently often to be considered as known by the readers, and, besides, there has hardly anything to be added to De Graefe's description. To consider the appearances singly, we first have to speak of the *form of the cornea*, when the intraocular pressure is increased. Helmholtz and Graefe thought, *a priori* for various reasons, that the cornea was flattened; but experiments of Schelske and Junge have shown that their supposition cannot be considered as a rule.

The *augmentation of presbyopia* is an almost constant symptom, easy explainable by the progressive paralysis of the ciliary muscle. Whether changes in the form of the lens, or its refractive condition, or in that of the vitreous, take place, to account for the presence of *hypermetropia*, (existing in 75 per cent. of the affected eyes,) cannot be determined without further investigation.

The connection between *the existence of arterial pulsation and the impairment of vision* is undeniable. Prof. Donders and Dr. Moll made the relative experiments upon themselves, and found that as soon as their eyes were put under such tension by the pressing finger, that the arterial pulse became visible by the ophthalmoscope, the obscuration of the field of vision took place immediately.

The occurrence of *a colored ring around candles*, observed by the patients, has also been attributed to the increase of tension. To be as brief as possible, we only state, without reproducing the nice development of theories in the original, that the author is inclined to look for the cause of this symptom in the altered condition of parts of the refracting media outside of their axis. The dilated condition of the pupil, and perhaps an increased diffraction through a change in the crystalline body, account for the frequent occurrence in glaucoma of a symptom which may be often observed in normal eyes, particularly when the pupil is somewhat dilated.

The *diminution of the field of vision* is a constant symptom in all forms of glaucoma. It is none of the first in glaucoma simplex. The form of the limitation, according to Graefe, is usually diagonal, viz.: the external upper part and the internal lower part of the field of vision become defective, or *vice versa*. Iridectomy has a most favorable influence.

The result of the observations of the author is, that the external hemisphere of the retina is always first disturbed in its functions, and that therefore the external part of the field of vision remains longest in a normal state.

V. *Iridectomy in Glaucoma.*—The treatment of the disease is entirely limited to this operation. As soon as glaucoma simplex becomes complicated with an inflammatory attack, the operation must no longer be delayed. All other means of treatment, external or internal, are of no avail whatever. Local depletions of blood even seem to augment the inflammatory action, according to Snellen.

All-important, therefore, is the operation of excision of the iris. The author agrees with Graefe as to the necessity of the before mentioned directions for its performance. More important still than the excision of a broad piece, is the excision of the iris *to the periphery*. If the ophthalmoscope does not show a broad brim of the zonula zinnii outwards of the equator of the lens, the excision has not reached far enough to the ciliary insertion. In order to cut out a large piece of the iris, reaching to the periphery, Bowman made formerly a little flap in the sclerotic with a cataract-knife, fully one-half millimeter from the margin of the cornea; the prolapsed iris was seized with a forceps, divided at one side of the wound, torn from its insertion until it reached the other side, and then cut off entirely. The method not being entirely free from danger, Bowman now uses the lance, and has quitted the cataract-knife, but still tears the iris from its insertion. The aqueous humor ought to be made to escape slowly always, as before mentioned. The adherence to this rule makes prolapsus of the iris comparatively rare, and it is easy, by following the usual mode of iridectomy, to remove a large piece, after a broad part of the membrane near the pupillary margin has been seized with the pincette.*

The author has observed in Utrecht, in the Eye Hospital as well as in his own and Donders' practice that the operation gives much better results in glaucoma with chronic ophthalmia, (DeGraefe's glaucoma chronicum,) and in glaucoma simplex, (De Graefe's amaurosis with excavation of the optic nerve,) than De Graefe's experience and publications led to suppose. He strongly recommends iridectomy as a means of cure in *glaucoma simplex*. If the eyeball is hard and the papilla excavated, the operation does much good. The experiment has shown that the operation has no influence on atrophy of the optic nerve from a cerebral cause, (Donders.)

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* De Graefe, in his latest contribution, (New Contributions to the Knowledge of Glaucoma and the Therapeutic Effect of Iridectomy, A. f. O., VIII.,) especially recommends the *firm fixation* of the globe, in the execution of the operation in question. The small space of the diminished anterior chamber requires the utmost care not to injure the lens, if it is intended, as it ought to be, to make the internal wound of the cornea as peripherical as possible, and fixation certainly facilitates this greatly. But also for the *slow evacuation* of the aqueous humor, fixation is almost indispensable. He further advises not to follow the rule of Bowman, to make the excision upwards: though optical and cosmetical reasons are certainly in favor of that rule, its execution is very difficult in many cases, and often the aqueous humor rushes out with such a violence, that effusions of blood in the anterior chamber and ecchymosis of the retina cannot be avoided and seriously change the expected effect of the excision.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JULY 11, 1863.

The rebel invasion of this State, the threatened demonstration against Philadelphia, and the excitement consequent thereon, make it incumbent on us to ask the indulgence of our readers for any irregularities that the extraordinary circumstances in which we are placed, may cause.

The editor has felt it to be his duty to take up the musket for city defence, and, for awhile his time will be partly occupied with military duties. It is hoped that no emergency will arise that will require his whole time, but if there should, there are others who will no doubt lend their aid in the editorial management of the Reporter.

The same circumstances have so deranged all branches of business, that it will be difficult to get the full quota of work done, or to get it done with the promptness that is desirable. We shall do the best we can.

We must ask our subscribers to be indulgent, to send us communications, (for the excitement has nearly stopped these,) and to answer our calls upon them as promptly as possible.

ON GUARD!

Circumstances that surround us are naturally suggestive of thought. In how many military camps throughout the Union are there faithful soldiers on guard. They are guarding the honor and interests not only of their regiments, corps, or armies, but of the nation that they represent. Occasionally one proves faithless to his trust, and either deserts to the enemy, or sleeps on his post, giving a vigilant foe advantages that he is not slow to avail himself of, to the endangering of interests of great magnitude.

In like manner the literary works of our profession are sentries on guard, who have, in a greater or less degree the honor, interests, and efficiency of our noble science in their keeping. If they are in any way false to their trust, wander into devious paths, become the representatives and supporters of men and ideas rather than of principle, or in any manner exhibit a lack of vigilance in their important work, they betray the interests that it is their bounden duty to guard, and are guilty of practical treason to medical science.

We fear that some of our profession who wield the pen, either as authors of books or editors of serial publications, do not fully realize the weight of responsibility that rests on them. The author who presumes to issue a work on any branch of medical science in which he is not thoroughly posted, and which is not brought up to the level attained by that branch, not only disgraces himself, but dishonors, and in so far as his influence extends misleads and injures his profession. So, the journalist, who, like the craft without a rudder, is carried by the current or wafted by every fitful gust, or who exerts his influence in the support of some personal or selfish interest, or who becomes the representative of any man or party of men for pecuniary considerations, betrays trusts of vast importance to an honorable profession, and is totally unfit to guard its interests.

Every medical journal in the land should be absolutely independent of selfish interests of every kind, and devote themselves exclusively to the general interests of the profession of which they are in some degree the representatives. They should be fearless in the discharge of their duty. In pursuing such a course they will undoubtedly make enemies, and perhaps lose subscribers. But if their course is honest and upright, for every enemy they make or subscriber they lose, they will gain three friends whose friendship is worth the having, while those they lose will lose their influence among high-minded physicians, and settle down finally into deserved obscurity.

The immense circulation of the Reporter makes it vastly important that it should be a faithful sentinel. We feel the great responsibility that rests upon us, and desire to do our duty fearlessly and rightly. Our sentiments as expressed in our pages are open to just and kindly criticism, and such will always receive respectful attention. We are thankful to know that we have ample evidence of the decided support of the profession in our general course, and shall aim to advocate such principles only as shall challenge their approval.

STREET CLEANING.

One of the most important things in a sanitary point of view in a large city, is the prompt removal of filth and garbage from the streets. The municipal authorities expend immense sums of money to accomplish this purpose, but there are few cities where the work is faithfully done.

Philadelphia has had the name of being an exception to this rule, but of late years her streets have been sadly neglected, and many of them are now in a filthy condition, much to the detriment of the health of the inhabitants.

Our neighbor city, New York, is fortunate in the possession of a new broom in the shape of a City Inspector recently appointed, who is devoting his energies with some degree of success to the herculean task of making the pavements of that city visible to the unassisted eye.

We are desirous that the streets of New York should be kept clean—but being somewhat jealous of the reputation of Philadelphia, we cannot help feeling some chagrin at the prospect of her rating second to a city whose street-cleaning has been so notoriously badly managed.

There is a good deal in a new broom, and if there is no other way of getting our streets cleaned, we would suggest the propriety of providing one. The season is upon us when, if ever, it is important that our streets should be in the most perfect condition as regards cleanliness.

THE WOUNDED IN THE LATE BATTLES.

In the battles that lately took place in and near Gettysburg, in this State, a very large number of men were wounded. We have seen the number of wounded in the national army during the battles of the 1st, 2d, and 3d of July, estimated at twelve thousand, while a large proportion of the rebel wounded were also left in our hands. By a telegraphic dispatch from the Surgeon General's office we learn that the arrangements of the medical department are such that no volunteer surgical aid will be needed.

Those who are badly wounded will, of course, have to be retained in the vicinity of the battle-ground. Of those who can be removed, many are being brought to this city. Every Government hospital here will be filled to its utmost capacity. Large numbers are also being sent to Baltimore, and other cities.

It is in such circumstances as these that hospital cars, such as we have described on two or three occasions, ambulances, such as the fire companies of this city have patriotically provided for the transportation of the wounded from the cars to the hospitals, and which were described in the Reporter, Vol. IX., p. 297, with other means of ameliorating the condition of the wounded, will be fully appreciated by the suffering soldiers.

From present appearances, there are battles yet to come off, which will add largely to the number of the wounded already brought from the battle-field. The responsibility that rests upon our surgeons is very great. We trust they will all prove themselves equal to them.

One word of caution. The temptation will be great to overcrowd the hospitals. We hope that no unworthy rivalry between cities and hospitals will cause so many patients to be crowded together as to endanger their lives from endemics that will be more fatal to them than the wounds or sickness that brought them to the hospitals.

Notes and Comments.

Heroic Conduct.

A correspondent states that while the battle was raging at Gettysburg, Dr. Huber, of that place, *and his wife*, were both constant and unremitting in their attentions on the wounded, wholly regardless of their personal safety.

Wanted—Medical Supplies.

During the brief stay of the rebel army in the southern counties of this State, we learn that they were specially solicitous to obtain medical supplies, surgical instruments, etc. Physicians and druggists, it is said, were relieved of all their stock of medicines and instruments.

Infanticide.

From the returns presented to Parliament, it appears that during eighteen months, ending June, 1862, verdicts of "Wilful Murder," "Found Dead," in ditches, ponds, &c., were returned—in London 297 children, and in England and Wales 624, total 921 children under two years of age, all of whom were most probably murdered.

Correspondence.

FOREIGN.

LETTER FROM W. N. COTE, M. D.

Geneva, *Feb.* 9, 1863.

[Concluded from page 142.]

Red Nose.

Dr. Hedenus, of Dresden, recommends the following prescription in cases in which redness of the nose is owing to abdominal plethora: Acid carbonate of soda, ten grammes, dissolved in two hundred grammes of balm-water, to which add five grammes of the extract of orange-peel; three tablespoonfuls of this mixture to be taken per day, externally; he rubs the nose with a mixture of three grammes of laudanum and twenty centigrammes of extract of belladona, and then has the nose washed and rags, dipped in cold water, applied to it. After the above potion has been used for some time, he prescribes: Bicarbonate of soda, seven grammes; powdered rhubarb, five grammes; ipecacuanha, two and a half grammes; compound extract of colocynth, one gramme, and extract of great celandine quantum suff. M. Make into pills of ten centigrammes each; from eight to ten of them to be taken daily.

Specific for Jaundice.

Dr. Lafontaine, of Lelande-sur-Rhone, recommends a decoction of the leaves of the artichoke and root of dog-grass as a specific for the jaundice. At the rate of three breakfast-cups a day, this decoction is laxative. He adds that this prescription was given him ten years ago by an excellent practitioner, the late Dr. Villeroy, of Balleroy.

Gelatin Bandage.

Various methods have been devised in cases of fracture for keeping the injured parts immovable after the bones have been set. Plaster of Paris has been used with good effect, but, besides the inconvenience it has of depositing a white dust on the bed-linen, it is too stiff, and therefore less convenient than the more pliant starch bandages which, however, in their turn, present the equally serious drawback of being too long getting hard, as much, indeed, as thirty-six or forty-eight hours. Dr. Hamon, of Paris, now proposes a substance which has hitherto been overlooked, namely, gelatin, or, in other words, common glue. In order to apply it, Dr. Hamon dissolves it in alcohol, after it has been previously dissolved in water; it is then applied on the bandage with a brush, and in the course of an hour and a half or two hours it gets dry, with the aid of a little moderate warmth. An example will best show how the operation is effected. A child, five years old, fell out of her bed about two months ago, and fractured her shoulder bone. The doctor, on this occasion, first put a good deal of cotton between the fingers, as also in the palm of the hand, which was then firmly closed and bandaged all around, so as to maintain it so during the whole of the treatment. This bandage was coated over, by itself, with alcoholized gelatin; a quantity of cotton was then laid all round the elbow and a bandage put on up to the shoulder, but so as to enclose a wire, held in its proper position by an assistant, on the outer side of the arm; over this, again, another bandage was coiled, and then a good coating of gelatin laid on. The little patient was then placed in a chair by the fire, with her arm in a scarf, until the bandage had become stiff. On the following day the operator cut the bandage open with a sharp pair of scissors, following the direction of the wire which had been put there for that purpose, and was enabled to take off this solid as well as elastic shell without difficulty. Holes were then punched into it at regular intervals along the section on both sides, and the apparatus put on and laced tight, just like a buskin. It was regularly taken off again every second day to examine the injured part, and at the end of the eighth day the patient was encouraged to make some slight motion with great care. The apparatus was definitively taken off on the twenty-fifth day, having preserved all its stiffness, elasticity, and shape.

Test for Olive Oil.

It is a well known fact that the olive oil sold in America and elsewhere is very seldom pure, but is mostly adulterated with other cheap, vegetable oils. M. Hauchecorne, a chemist of Yvetot, has, however, just discovered an easy method of detecting such frauds. M. Hauchecorne's test is oxygenized oil, which may be had at any chemist's, and is a colorless liquid. The method of using it consists in pouring a portion of the oil to be tested into a graduated tube, by which the volume of the liquid is ascertained at a glance. To three volumes of olive oil one volume of oxygenized oil is added, and the whole well shaken. After a few seconds the mixture will become green, if the oil is pure olive. No other oil will do so. Poppy oil will assume a rose color with the test; oil of sesamum will turn bright red; oil of arachnis turns yellowish grey; and beechnut oil takes the color of ochre. These are the oils most commonly used to adulterate olive oil. When the latter is pure the green tint appears instantaneously, but if adulterated the liquid must stand three or four minutes before the color, whatever it may be, appears. Even the quality of the olive oil, when pure, may be tested in this way. Thus an apple-green color shows that the olives employed were too ripe. A light green denotes oil obtained from a mixture of olives of different qualities, but none of them spoilt. The olive oils of Nice, Port Maurice, and Genoa belong to the former sort; those of Aix and Grasse to the latter.

Incubative Stage of Hydrophobia.

M. Renault has published a communication on the time during which hydrophobia may be in a state of incubation. Your readers may recollect that in April last M. Renault proposed the permanent muzzling of all dogs not chained or kept within doors, and the immediate destruction of any dog suspected of having been bit by a mad one. He also showed that at

Berlin hydrophobia had become almost extinct by these measures. Struck with this fact, the police of Paris shortly afterward ordered the general muzzling of all dogs left at liberty, but the order was very negligently executed, inasmuch as many muzzles were of India rubber, and were insufficient to prevent dogs from biting; moreover, the measure soon fell into disuse, and unmuzzled dogs are now seen roaming freely in the streets. M. RENAULT shows that if, on the one hand, the police regulations require the owner of any dog who may happen to have been bit, or suspected of having been so, to keep him under strict observation for a time not exceeding forty days. In most instances the order is not complied with at all, and no step is taken by the authorities to ascertain whether it has been executed or not. But our author contends that even were the order executed to the letter, forty days is by far too short a period for complete security against the incubation of hydrophobia, and describes a series of experiments made by him since 1836, at the Veterinary School of Alfort, from which it appears that during twenty-four years he had examined one hundred and thirty-one dogs, which he had caused to be bit before his eyes by mad dogs, and then kept separate for the space of four months. Out of this number sixty-three presented no symptoms whatever, at the end of that time, and of the remaining sixty-eight, no less than thirty-one displayed symptoms of the disorder after the fortieth day, and that out of these, one was seized with hydrophobia after the one hundred and eighteenth day, three after the eightieth, seven after the seventieth, and eighteen after the sixtieth day. M. RENAULT hence concludes that dogs should be kept close for at least four months after they have been bit.

Lithotrity.

Dr. CIVIALE lately read a highly important paper at the Academy of Sciences, on the stone, showing that lithotrity should be had recourse to as soon as possible, and not put off until the stone has attained a large dimension.

Marriages of Consanguinity.

A paper was read from Dr. BALLEY, Military Physician to the French army, at Rome, containing some facts tending to confirm the injurious effects of marriages between relatives, effects, it appears, which may remain dormant until the second generation. One of the cases quoted was that of a Frenchman and a German, the former remarkable for his intellectual powers. Of his three sons, only one, the youngest, is in a normal state, the eldest being deformed, and the second, deaf and dumb. The fourth child, a daughter, is half an idiot. The father was born of cousins-germain. In another case of marriage between cousins, the mother had several stillborn children, and then others that were deformed and died soon. The only surviving one is rickety and otherwise affected with disease. In a third case, two children were born both weak and stupid.

Army and Navy News.

Assistant Surgeons.

The Secretary of War has made the following appointments of Assistant Surgeons of Volunteers: Dr. W. B. TRULL, Dr. JNO. H. SULLIVAN, Dr. J. K. BANDING.

Promotions.

Assistant Surgeons J. W. LAWTON, J. B. MORRISON, JOHN W. MINTZER, A. M. WILDER, PHILIP HARVEY, JAMES BELLANGE and JOHN L. TODD, have been promoted to Surgeons in the Volunteer Army.

Medical Department of the West.

The following we take from the St. Louis *Republican* of the 29th June. It may be regarded as a truthful exposition of the thorough organization of the Department, since its charge was entrusted to Col. R. C. WOOD, the Assistant Surgeon General of the United States Army:—

The Western Medical Department.

In equipping for the field the immense armies which the rebellion has called forth, one of the most serious obstacles which the Government has had to contend against is the difficulty of being prepared in all emergencies with surgical and medical appliances of all kinds for the wounded, together with the thousand and one necessaries which on such occasions are indispensable, and though easy to procure for a single individual, are very difficult to be had when those stricken down by the enemy's fire are counted by thousands. To furnish such, the Medical Department of the Army, with the co-operation of the Sanitary Commissions, have made strenuous efforts, yet in many instances after the battles which have been fought during the campaigns in Virginia, especially after that of Antietam, there was almost an entire lack of requisite medical aid and of those necessaries we have alluded to, entailing consequently much suffering on the unfortunate men who were wounded in those actions; this, too, occurring in the immediate vicinity of the great cities of the East. It is, however, gratifying to know that in the Western Departments, thanks to the profound foresight, professional skill, extensive experience, and unusual administrative ability of Colonel R. C. WOOD, the Assistant Surgeon-General of the United States Army, no action has been fought, since that officer assumed the duties of Chief of the Medical Department of the West, (and which for the information of our readers, we will mention comprises fourteen of the Northwestern and Southwestern States,) after which there was any want either of surgical aid, medical attendance, appliances, or comforts for the relief of those who had suffered in the engagement. At all times there has been found in the vicinity of the scene of anticipated action these important supplies, and this fact, so patent to all, and its truth so universally acknowledged, is the more remarkable when we consider the disadvantages which, from a variety of causes, the West has labored under; the difficulties of transportation through a country hostile to the forces occupying it, and the impossibility of obtaining extraneous professional aid, in districts but sparsely settled, and frequently disloyal.

Two Commanding Generals in the West, both at this time operating in the field, have accorded unbounded praise to the Medical Department of the West, not only for its unceasing efforts in being ever prepared for emergencies, but also for the ample care and accommodation it has always afforded the sick, as well as the wounded, of our armies.

The following extracts from a letter dated June 9th, 1863, addressed by JAMES E. YEATMAN, Esq., President of the Western Sanitary Commission, on

returning from a recent visit to the scene of operations, to the President of the Chamber of Commerce of St. Louis, attest the perfection, in every particular, of the arrangements made in the vicinity of Vicksburg for the relief and comfort of the wounded soldiers:

"The arrangements of the Medical Department, under the direction of Surgeon M. Mills, U. S. A., Medical Director of the Army of Gen. Grant, were most excellent, and the transportation of the sick and wounded, under Dr. A. H. Hoff, Surgeon in charge of the hospital steamer D. A. January, were more perfect than they have ever been before.

"The wounded were so well provided for by the Medical Department that it was not necessary that our steamer should be used for hospital purposes."

Nor are the above statements the only evidence which can be brought in proof of the admirable administration of the Medical Department of the West, for it has been conceded, without exception, by Governors of States, officers, civilians, and others interested, that all supplies have been in great abundance; at all times on hand for emergencies in the rapid and peculiarly arduous campaigns of the war, and far beyond the wants of the army; that visitors to the scenes of action are always not only astonished at the comforts furnished, but leave quite satisfied that the soldiers are well cared for by the Government for which they are fighting.

Further testimony than this could be readily added, were it necessary, but we think sufficient has been said to show that, in spite of the many advantages enjoyed by the Eastern Department, the Medical Department of the West will not suffer by being contrasted with it, either in its administration or the professional talent it displays.

News and Miscellany.

Pension Examining Surgeons.

Maine—Dr. Charles E. Swan, Calais; *New York*—Dr. W. H. Johnson, Johnstown; *Ohio*—Dr. Chas. T. Leonard, Ravenna.

Army Hospitals in Philadelphia.

The following is a report of the condition of the the Army Hospitals in and near this city, for the week ending July 4.

Chestnut Hill	2588
West Philadelphia	1595
Christian Street	177
South Street	145
Turner's Lane	126
Summit House	103
Sixty-fifth and Vine	102
Germantown	78
Filbert Street	62
Chester	51
Broad and Prime	50
Islington Lane	10
The whole number of soldiers in the various hospitals is	5087

ANSWERS TO CORRESPONDENTS.

☞ *Correspondents will please notice our reiterated request to give their full address in their communications to us. Our correspondence is very extensive, and it is necessary for us always to know the Town, County and State from whence their letters are sent.*

Dr. S. P., California.—Yours received, with inclosure. Will be glad to receive communications from our California subscribers. Can you not extend our list?

Dr. J. E. S., N. Y.—We decline anything less than the full subscription price. Reporter and *Lancet* (republication), one year, $6 in advance.

MARRIED.

Blumenthal—Asch.—On Wednesday, July 1st, by the Rev. Isaac Leeser, assisted by the Rev. G. Pape, Mark Blumenthal, M.D., of New York, and Selina, third daughter of Joseph M. Asch, Esq., of this city.

DIED.

Dodge.—At Poughkeepsie, N. Y., 29th ultimo, Dr. Samuel Dodge, in the 44th year of his age.

Johnes.—In Morristown, N. J., on Saturday, July 4, Dr. John B. Johnes, in the 78th year of his age.

Thompson.—On the 1st instant, at Coatesville, Pa., Dr. J. W. Thompson, Assistant Surgeon 141st regiment P. V., in the 31st year of his age.

METEOROLOGY.

June	29,	30,	Jy. 1,	2,	3,	4,	5.
Wind	S. W.	S.	S.	S.	S.	S.	S. W.
Weather	Clear.	Clear.	Cloudy.	Clear.	Clear.	Cl'dy.	Cl'dy, Showery.
Depth Rain					1 7-10		
Thermometer							
Minimum	59°	62°	63°	68°	67°	66°	63°
At 8 A. M.	64	73	69	74	74	77	70
At 12 M.	74	81	73	80	83	82	70
At 3 P. M.	75	81	73	82	87	80	71
Mean	68	74.25	69.5	76	77.75	76.25	68.5
Barometer.							
At 12 M.	30.1	30.1	30.2	30.2	30.2	30.2	30.1

Germantown, Pa. B. J. Leedom.

VITAL STATISTICS.	Philadelphia. Week ending July 4.	New York. Week ending June 27.	Baltimore. Week ending July 6.	Boston. Week ending June 27.	Providence. Month of
Population in 1860..	565,529	805,651	212,418	177,812	50,666
Mortality.					
Male	151	207	56	33	...
Female	109	200	57	31	...
Adults	111	187	37	28	...
Under 15 years	137	...	74	...	...
Under 2 years	95	144	52	...	...
Total	260	407	113	64	...
Deaths in 100,000	45.99	55.18	53.2	35.99	.....
American	194	249	...	45	...
Foreign	48	158	...	16	...
Negro	14	8	11	...	...
Zymotic Diseases.					
Cholera, Asiatic	1	...	...	...	...
Cholera Infantum	10	15	14	...	...
Cholera Morbus	1	2	...	1	...
Croup	4	11	2	2	...
Diarrhœa	2	6	...	2	...
Diphtheria	5	14	2	1	...
Dysentery	3	5	5	1	...
Erysipelas	2	3	...	...	...
Fever, Intermittent	...	...	...	...	...
Fever, Remittent	...	...	...	...	...
Fever, Scarlet	5	20	6	2	...
Fever, Typhoid	11	} 22	2	3	...
Fever, Typhus	1		...	...	...
Fever, Yellow	...	...	...	...	...
Hooping-cough	...	...	2	...	..
Influenza	...	...	...	...	...
Measles	...	6	1	...	...
Small Pox	5	4	5	...	...
Syphilis	...	...	...	...	...
Thrush	...	...	...	...	...
Sporadic Diseases					
Albuminuria	...	...	...	...	...
Apoplexy	1	8	...	...	...
Consumption	34	60	13	10	...
Convulsions	8	31	1	4	...
Dropsy	9	10	7	4	...
Gun-shot Wounds	4	...	...	...	...
Intemperance	...	...	1	3	...
Marasmus	15	23	...	3	...
Pleurisy	...	...	1	...	...
Pneumonia	...	16	...	1	...
Puerperal Fever	1	...	...	...	...
Scrofula	1	...	...	...	...
Violence and Acc'ts	10	39	4	2	...

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

ELECTRO THERAPEUTICS.

By H. Lassing, M. D.

Of New York.

Galvanism and its modifications seems to be one of those large unexplored fields requiring much examination, and the more explored the more we find to explore.

A new phenomenon which I have lately found may become of great value therapeutically. I refer to the effect produced by a union of the currents of electricity evolved by separate helices, which may be beautifully modified and seem to be entirely under the control of the operator. In a helix composed of three distinct and separate helices or coils of insulated copper wire of different degrees of thickness, each helix being insulated from and free from metallic contact with any other three, different sensations or intensities of electro-magnetic currents are evolved, namely, an induced direct or primary current from the inner helix of coarse wire, a secondary to and fro current from the middle helix, and a tertiary to and fro or alternating current from the outer helix. The inner helix renders, of course, the weakest current sensationally, which increases in intensity till the outer coil is reached, which in an ordinary sized electro-magnetic machine, constructed upon this principle, is so intense that with the galvanic current of one pair of small plates it is stronger than any ordinary person can endure. Now, wherever two of these currents are united, another and different sensation is produced. I will briefly describe this arrangement and state the facts which experiments have established. To do so more intelligibly, I will employ a small diagram of the posts of a machine thus constructed, not including, of course the posts by which the battery is connected.

+B
+D
C+ +A

The current evolved from "A" to "B" is the primary induced or direct galvanic current from the inner coil.

The currents "C" to "B" and "C" to "D" are the secondary to an fro and tertiary, alternating from the middle and outer helices.

The theory heretofore held by electricians—and until now, I also believed in it—was that none but a direct electro-magnetic current would electro-plate and decompose iodide of potassium. A machine arranged, according to the description here given, seems to refute this theory. A reference to the foregoing diagram will make the following statement much clearer than I could otherwise explain it.

Careful experiments show that the currents from "A" to "C" and from "A" to "D," although not direct currents, will electro-plate as well as that from "A" to "B" which is a direct current.

From a solution of iodide of potassium in water, the currents from "A" to "C" and from "A" to "D" will evolve iodine at one pole with but a very slight trace at the other.

I have not yet succeeded in ascertaining positively any cause for these phenomena, and am still experimenting with them. In the application of these facts, so ascertained in practice on several patients, I find as many different, and in some instances unexpected, effects produced, which have led me to consider this a valuable improvement in electro-magnetic apparatus.

I would call the attention of those employing this therapeutic agent to these facts. I shall investigate them further, and what I ascertain I shall beg the privilege of communicating through your columns.

The Electro Magnetic Machines so arranged, are patented by Jerome Kidder of New York.

DIPHTHERIA.

By P. J. Roebuck, M. D.,

Of Derry Church, Pa.

Dr. Wagenseller, of Selin's Grove, Pa., expresses my views upon this disease much more distinctly than I am able to do, consequently I will only say that my experience fully corroborates his. I will confine myself to the chief features, course and treatment of eight typical cases, which

occurred in the same family, and were treated by my preceptor and myself.

The disease made its appearance in the form of an ordinary pyrexia, with a peculiar disposition to affect the fauces and neighboring parts. In the majority of cases the fever was of a sthenic nature from its outset, but soon assumed an adynamic form. The pulse was voluminous, numbering from one hundred to one hundred and twenty; but became quick, feeble, and more frequent as the disease advanced. Tongue was slightly coated, with the peculiar red and glossy appearance of typhoid fever toward the decline, yet no other symptoms of entric fever could be detected. The fauces, etc., in most cases, presented a bright red appearance, the more asthenic cases being of a faint purplish hue, with one or several small patches of exudative matter. These patches increased in number and extent until the parts were completely lined by them, requiring from several days to as many weeks. In most cases this pseudo-membrane extended into the larynx, and in a few into the bronchia. Symptoms of croup resulted; nevertheless, not one case died of asphyxia or its consequences. This membrane was very tenacious and could only be removed with much difficulty, an oozing hœmorrhage always following, showing that the membrane had in part organized. It would also reform in the course of a few hours.

I attribute the cause of death to a general depravation of the vital fluid, as in the above cases there was no evidence of any other disease, nor did the local affection seem to be sufficient to destroy life. A fact more conclusive still is, that the local affection had disappeared in several cases before death.

The disease certainly seems to be peculiar in its nature (*sui generis*) and leaves a wide field for investigation.

Treatment.—This consisted in keeping the bowels open, mild diaphoretics, and the following mixture, both locally and internally:

℞. Tinct. ferri chlor.	f℥ij	
Potass. chloras,	℥ij	
Aquæ destillat.,	f℥iv.	M.

S. One tablespoonful every one, two or four hours. Use as a gargle also, at same intervals.

When more stimulation seemed required, two drachms of diluted muriatic acid were added to the above mixture. Nitrate of silver was also used in solution, varying from five to sixty grs. to the ounce of water.

In two cases sulphate of zinc was employed in emetic doses, repeated once or twice a day.

Stimulants were freely employed during the decline of the disease, such as quiniæ sulph., beef tea, chicken broth, brandy, etc., etc.

When the peculiar red tongue presented, (spoken of above,) oil of turpentine was given in doses of from fifteen to twenty drops, in emulsion.

Nor was the mercurial course omitted. In one case calomel was administered until its constitutional effects were perceptible upon the gums, with no other effect than perhaps converting the disease into an ulcerative condition, as the parts assumed a putrid aspect, with great increase of the fetid breath. Yet, this case was but slightly impressed with the mercurial, and its effects carefully watched.

Several hundred cases were treated by me upon the above plan, but one case having died, until the family mentioned below became the sufferers by the disease, when out of eight but one (a bright lady of seventeen years) was left to mourn her loss.

The following table will show the age, time of attack, and termination of the disease in that family:

Feb'y	14,	first visit	Feb.	16,	died	Feb.	16,	age 5.
"	18,	"	"	19,	recovered		"	17.
"	19,	"	"	19,	died	Feb.	25,	age 10.
"	20,	"	"	20,	"	"	26,	" 3.
"	21,	"	"	21,	"	"	26,	" 19.
"	26,	"	"	26,	"	March	14,	" 16.
March	23,	"	March	23,	"	April	12,	" 8.
"	25,	"	"	25,	"	"	6,	" 14.

The Value of Practical Knowledge.

Of the uses of practical knowledge we yesterday saw an illustration. A mammoth sexagonal crystal was shown to us by its owner, Mr. Mitchell. It is nearly a foot in diameter, and about eighteen inches long. Next to a specimen in Barnum's Museum, it is the largest we have ever seen. The base of the specimen is opaque quartz rock; the other portion is as clear as crystal. It was found by the Rev. Edmund Craig Mitchell, on the farm of Dr. Johnson, near Ellicott's Mills, Md. The yound divine was on a visit to Dr. Johnson. From the house a path leads to a spring that supplies the family with water. Mr. Mitchell, walking with Dr. Johnson in the path, observed "a stone" about an inch above the ground. "There's a splendid specimen," said he. "Of what?" asked the Doctor. "Why, of crystal quartz," was the reply. The Doctor said he had passed that stone every day for thirty years, and knew it to be nothing more than a common paving stone. Mr. Mitchell asked leave to wrench it up. A pick was procured, and, to the surprise of Dr. Johnson, the "stone" was buried about eighteen inches deep, and beneath the ground was a perfect six-sided prism of crystal, almost as pellucid as French cut glass. The young man knew enough of geology to recognize it by the butt end, above the ground, though none but an expert would have seen in it anything but an ordinary boulder, on a small scale. A little learning may be a dangerous thing; but somehow or other knowledge is quite as productive as ignorance.—*Scientific American.*

Editorial Department.

Periscope.

FOREIGN.

VERHANDLUNGEN DER GESELLSCHAFT FÜR GEBURTSHÜLFE IN BERLIN.

Session of 17th March, 1862.

Translated for the Medical and Surgical Reporter,

By A. Metz, M. D.,

Of Masillon, O.

Hydrometrorrhœa.

Dr. Langerhaus detailed the history of a case of pregnancy, in which the woman suffered from repeated attacks of uterine hæmorrhage for the first few months; the hæmorrhages then ceased, and nothing unusual occurred until nine weeks before delivery, when a considerable discharge of water would escape from her vagina, whenever she lay down. This continued to her full time, when she was delivered of a living child.

Two years afterward, during her next pregnancy, there was again repeated hæmorrhage in the third month, and during seven weeks preceding delivery, discharges of water.

Eighteen months after this, she became pregnant again, and during this period the repeated hæmorrhages occurred without the watery discharges.

Dr. Langerhaus believed that the discharged water was the true *liquor amnii*, as the considerable quantity discharged, and which took place only when lying, seemed to him to indicate a rupture of the membranes of the ovum, which in the upright posture was perhaps closed by pressure from the child. On examination he found an extensive lateral rupture of the *portiõ vaginalis*, which he thinks may have been the cause of the premature rupture of the membranes.

Dr. Martin did not consider the discharged water as true *liquor amnii*, but rather believed that this case was one of the so-called *Hydromettrorrhœa uteri gravidarum*. The hæmorrhages do not always occur, but a discharge of water mixed with blood, which sometimes begins in the eighth or ninth week, but more frequently in the seventh or eighth month, and often reaches in quantity a teacupful, or more. In thirteen cases that fell under his own observation, the delivery, with the exception of two cases, took place before the full time; and in most of the cases he was able to detect disease of the uterus, as in one case a firm adhesion of the placenta, in four others, *metritis parenchymatosa*, which, during *accouchment*, is aggravated. He believed that the discharged liquid took place from the lower segment of the uterine cavity, when the two decidual surfaces, commonly close together, are not in close contact. This idea is corroborated by the elder Naegele, who considered *Endometritis* as the cause of Hydromettrorrhœa.

Dr. Langerhaus remarked that he based his idea on the circumstance that the discharge occurred only in the recumbent position. He had had his doubts whether the discharge was not urine, as in Scanzoni's case (*Würzburger Zeitschrift*, Bd. 1., 1860, p. 95,) but he never perceived the odor of urine during his observations.

Dr. L. Mayer had observed similar discharges from the unimpregnated uterus. The cervical canal ordinarily exudes a tough mucous, but in certain cases a thin liquid is discharged amounting to a thimbleful in a very short time. He then had a lady under treatment who regularly for a few days in the middle of the time intervening between her catemenia, had a copious discharge of water.

Dr. Martin thought that the discharge from Hydromettrorrhœa could not easily be mistaken from urine, as the former contains albumen, and stiffens the linen.

Geil in his Dissertation: *De Hyromettrorrhœa uteri gravidarum, Heidelbergæ* 1822, gives a large number of cases. His idea that the water is discharged from the uterus, is sustained by cases of collection of water in the uterus with closed orifice (*Hydrometra*,) which renders it obvious that the uterine cavity under certain diseased conditions does exude an aqueous liquid.

Dr. Poasch had had three cases of Hydromettrorrhœa, but all reached the normal period of pregnancy before delivery.

Dr. Kristeller would not undertake to decide in the case under consideration, whether the discharged liquid was liquor amnii or secretion of the uterus; this disease is known, but rare. On the other hand, hæmorrhages during pregnancy are more common without necessarily causing premature labor. He knew of different instances wherein pregnancies run their normal period, in spite of frequent hæmorrhages; and the traces of such hæmorrhages are found in the placenta and membranes. One originating source of this water had not been named during this debate: the space between the choorin and amnion, where, for instance, we often find gelatinous exudations which remain in their consistence until delivery, whilst a serous exudation which in the same locality is also possible, would present itself as Hydromettrorrhœa.

Dr. Martin said that a chief argument against the idea that the discharged water was liquor amnii, consisted in the fact that in one case seven weeks elapsed between the discharge and delivery, and in the other nine weeks. Otherwise, how could the operator count on bringing on labor soon, after perforating the membranes, as it always does, as far as he knew.

Dr. Wegscheider remarked that it was not at all necessary for labor to follow the evacuation of the water so soon. He saw an instance wherein the water was suddenly discharged, felt the uterus correspondingly decrease in size, and yet five weeks elapsed before delivery ensued, when a living child was born.

A similar case was observed by Dr. G. Simon, who was called to a woman after the rupture of the membranes, and on examination distinctly felt the scalp of the child covered with hair. Five weeks afterward a living child was born.

Dr. Korte gave the history of a case of pregnancy in which in the fourth month a sudden discharge of blood and water took place. Through rest the threatening abortion was prevented. Two months afterward she started on a journey, during which, off and on, there was hæmorrhage, and at one time a large coagulum was discharged. At the right time a full bag of water was formed, burst, and a living child was born.

Dr. Martin thought likely that the discharge in this case was an abortion of one ovum of twins.

Dr. C. Mayer had seen in his practice many cases of *Hydromettrorrhœa uteri gravidarum*, and is of the opinion that the source of the flow is between the chorion and amnion. In the case of Dr. Langerhaus there was evidently no loss of the true liquor amnii; the false liquor is sometimes considerable in quantity. He remembered the case of a pregnant woman who would swell up during the day, and generally during the night she would discharge several teacupfuls of water, without interrupting the pregnancy or a favorable delivery. He had not met with the hæmorrhages

spoken of, but would attribute them to the congested state of the uterus. Naegele evidently thought so, as his treatment is decidedly antiphlogistic, and he (Mayer) following the example, had always resorted to cooling and purgative remedies, the pregnancies, as a rule, reaching the normal period.

As concerns the perforation of the membranes for the production of premature labor, thought that there was quite a difference in result whether perforation be made below, where the water must drain off, or whether it be made higher up, near the fundus, so that compression from the child will arrest the flow.

The remark made by his son that water is discharged from the unimpregnated womb, he could substantiate by numerous observations. Mostly do these discharges come in the middle period between the catamenial periods; often accompanied with such dysmenorrhœa, that one of his patients thus afflicted remarked: "now my intermediate pains are coming," ("jetzt komman meins Mittelschmerzen.") He did not believe that the secretion proceeds from the cervix uteri, which commonly secrete tough, vitreous material, but it proceeds from the cavity of the uterus.

Dr. Martin did not think it was clear how the water could be retained even when the rupture of the membranes was high.

The question was then raised whether it is possible for a union to take place in the ruptured membranes, notwithstanding that they contain no vessels. Dr. Korter named the cornea, and Dr. Huter the epidermis, both of which unite, notwithstanding they are without vessels. Dr. Martin, however, disputed the analogies. Both of those structures are intimately connected with tissues containing blood vessels, whilst the membranes of the ovum are isolated, and from the fatty condition of the *Decidua*, all direct communication with the exudative tissues is cut off. The opinion generally prevailed that agglutination of the wounded membranes cannot take place; also, that the closure of the *orificii uteri* by a mucous plug cannot prevent the water from escaping, as this plug when once disturbed is not regenerated in later periods of pregnancy.

Efficacy of Sesquichloride of Iron for the Treatment of Ulcers about the Nials.

M. Billon communicates the following to the *Journal de Méd. et de Chirurgie*:

Dr. Caillet of Luynes (Indre et Loire,) having recently published a case in which the application of sesquichloride of iron effected a cure of the affection popularly termed *the growth of the nail into the flesh*, I take this opportunity of recording several instances of the same kind, witnessed by myself, which confirm the results obtained by M. Caillet, and may perhaps be deemed not wholly uninteresting. In 1858, Dr. Wahu, staff-physician to the army, having succeeded with this remedy in curing the painful diseases in question, I resorted to the same method, and with the greatest benefit in four cases. I may here remark that ulcers about the nails are occasionally observed among our soldiers, having escaped the attention of the medical boards, or being caused by the pressure of the boot during forced marches. Under these circumstances, a *prompt* and *painless* cure may be effected by inserting the *dry* sesquichloride between the nail and the protruding flesh, and powdering the latter with the same substance. A large bandage should be applied over all, not impregnated with the *liquid* sesquichloride of iron, as recommended by Dr. Caillet, a precaution which may, however, be useful, as the folds of the band dry rapidly, and preserve their situation in a more exact manner.

On the following day, the exuberant flesh is found to have acquired the hardness of wood; suppuration speedily ceases, and a cure follows after two or three applications. This simple and mild treatment is obviously far preferable to the numerous surgical procedures hitherto recommended. In the course of four or five days, in a week at the farthest, the original pain ceases, the swelling subsides, and the patient is able to walk. Naught remains but the hardened protruding flesh, which falls away about a month after the application of the sesquichloride of iron. These are the results yielded by the method in four soldiers suffering from the growth of the nail into the flesh. They have appeared to be sufficiently remarkable to warrant the communication.

DOMESTIC.

Notes on Different Questions of Oculistic Therapeutics, by Dr. E. Williams, of Cincinnati. (Proceedings of the International Congress of Ophthalmology.)

It is with especial pleasure that we publish an extract of these notes of Dr. Williams, the only representative of North American science at the Congress. They show, in every detail, the clever observer, well posted up in regard to the latest acquirements of ophthalmological knowledge—a praise which we, unfortunately, can but rarely confer upon the generally meagre and unscientific articles which find, here and there, their way into the columns of our medical periodicals.

Occlusion of the Lachrymal Sac.—In cases of fistula or tumor, with considerable stricture, or total atresia of the nasal canal, Dr. W. performs the operation by obliteration of the sac. The method of Desmarres, of cauterization with the red-hot iron, he has quitted, and now uses the nitrate of silver, which has the advantage of causing less fright to the patients. He opens the sac largely, and introduces pieces of nitrate of silver, which he allows to dissolve; one is placed in the most elevated, another into the deepest part of the sac, and these applications are repeated until the cavity is closed up. Several weeks are necessary for that; four or five usually suffice. It must be taken care not to cauterize the skin, and that the liquid does not enter the eye by the lachrymal ducts.*

Dr. W. did not try to close the canalicula, inasmuch as this practice would lengthen the treatment, and because he thinks it is not yet proved that the passage of liquids retards the obliteration of a cavity or a fistula.†

The results of the complete occlusion are very good; the patients are greatly relieved, and most of them not at all, or but little disturbed by tearing.

On the Inoculation of Blennorrhoic Pus as a Therapeutic Agent.—Dr. Williams states, that since the details on the treatment of pannus by this agent were given by Mr. Warlomont, in 1854, he has used it here and there, but always after having failed by all other methods.

In all, he treated that way twelve patients, ten of which were inoculated on both, two on one eye. All had granulations of a very obstinate nature, and frequent recurrences of strong inflammation. Of

* We cannot see how this is very well to be avoided.—Ed.

† We have, since long, been in the habit of using the nitrate of silver, as we had seen at Graefe's clinic, for the obliteration of the sac, but failed in one case to effect it. We found that the lower canaliculum, which we believed to be closed by the introduction of a silver wire covered with a layer of nitrate of silver, was yet opened, and attained our object by closing it. The upper canaliculum needs not to be closed. The question on the closure or non closure of the canalicula, therefore, we must consider yet as an open one.—Ed.

the ten patients inoculated on both eyes, six were perfectly and definitely cured, without any accident. One had a small, insignificant ulcer on one cornea, but was also cured. Seven, therefore, may be considered as radical cures. The three others had grave ulcerations of the cornea. A little boy, emaciated and scrofulous, had a perforation of the cornea on one eye, with consecutive conicity of the cornea, and very imperfect sight. His other eye was cured.

The second case was also a little boy, with strongly pronounced scrofulous diathesis, who had suffered for eight months of strong granulations and keratitis, with considerable photophobia. His eyes were considered lost by Dr. W., and the inoculation performed to relieve him from his terrible pain, and perhaps to cure him. His eyes were both destroyed, twenty-four hours after the reaction had set in, by perforation of the corneæ.

The third case was a man of sixty, feeble and very fat. Both his corneæ became perforated on the fifth day after the inoculation, but the perforation being only central, he gained sight enough to go about.

Of the two cases where one eye only had been inoculated, there was one in a man of intemperate habits. Four days after the inoculation, perforation took place, and, though the pannus was cured, vision became worse than before. The second patient had an exceedingly strong pannus, and was cured on one eye, but refused inoculation on the other. A return took place, after some time, and he subsequently died.

In order to appreciate the result of treatment in these cases, therefore, it is well to mention that twenty-two eyes were inoculated, and six of them affected with consecutive ulceration of the cornea; that two eyes were totally destroyed; two gravely injured, but retained some vision; two left in a state allowing the patient to go about.

The drunkard and the little boy with incurable pannus, before the inoculation, were not fit for the treatment, and if these cases are deducted, there remain but three cases of ulceration in eighteen eyes. Of those three cases only one was so gravely attacked that its vision amounted to very little afterwards; the others kept a very useful amount of sight.

The cases were all almost desperate, Dr. W. continues, and states that he thinks his experience entitles him to say that if all cases of trachoma were treated right away by inoculation, without regard to the state of the cornea, the proportion of patients definitely cured, with good vision, would be larger than by the other remedies. Finally, he very judiciously remarks that it is advisable to make a secret to the patients of the source of the remedy, and records the supposition of an inquisitive lady patient, who thought that it came from the "back-leg of the devil," adding that she was pretty near the truth!*

Partial Ablation of the eye.—Dr. WILLIAMS is in favor of sacrificing a useless and painful eye, in order to discard danger from the other. No experienced ophthalmologist, he says himself, disagrees with him on that subject, but which operation, he asks, has to be performed—extirpation of the whole globe, or partial ablation? Dr. W. is in favor of the latter, and for the following reasons: (1,) The operation is, he says, much less serious than extirpation; (2,) it is more quickly performed; (3,) it disfigures the patient less; (4,) it is just as efficient for the protection of the other eye; (5,) it leaves a more favorable stump for the wearing of an artificial eye.*

Dr. W. makes a flap upwards, like in extraction for cataract, only a little behind the margin of the cornea, and finishes the ablation by seizing the flap with a forceps and cutting off the rest of the cornea with the same knife. He has had perfect results in many cases; the pain ceased, the other eye was saved, and the conditions for the use of an artificial eye were more favorable than they would have been after an extirpation.†

Trichiasis and Entropion.—The readers of the AMERICAN JOURNAL OF OPHTHALMOLOGY recollect the description of a new operation for these affections, described in the review of the *Clinical Observations*, by Drs. PAGENSTECHER and SAEMISCH, (No. 2, p. 85,) which is a modification of GAILLARD'S operation. Our learned confrere, Dr. WILLIAMS, who recommended ligatures for these affections years ago already, has lately added to this treatment the division of the external canthus. We therefore abstain from reproducing his views in reference to this subject, referring our readers to the above-quoted review, but give Dr. W. due credit for having "co-invented" the operation GAILLARD-PAGENSTECHER, a credit which, we think, his modesty forbade him to ask from the distinguished members of the Congress.—*American Journal of Ophthalmology.*

On the Paracentesis of the Cornea and Repeated Evacuation of the Aqueous Humor as a new Treatment for Cataract, by Mr. RIVAUD-LANDRAU. (Proceedings of the International congress of Ophthalmology.)

Mr. RIVAUD-LANDRAU, who published some time ago a statistical report of over two thousand cases of cataract he had operated on, was certainly entitled to test a new method of curing cataract by systematic evacuations of the aqueous humor, proposed by Dr. SPERINO, in Turin, a surgeon of standing in Italy, who was much spoken of some years ago on account of his experiments with "Syphilization," as our readers will doubtless remember.

Dr. SPERINO said that "facts had proved that the evacuations repeated daily, or even only every two or three days, resulted to render the opaque crystalline body gradually transparent, and consequently re-establish the visual functions."

Dr. RIVAUD-LANDRAU considered this statement

* Messrs. WARLOMONT and HAIRION, in the ensuing discussion, although considering the results obtained by Dr. WILLIAMS very encouraging, expressed their belief that these results would have been still better if he had not first tried, as he stated himself, all other remedies. They concur in the statement that the existence of a uniform pannus is an excellent security against ulceration of the cornea, while the dangers of ulceration increase if the corneal exsudations are on some spots reduced, or have disappeared, by other therapeutic interference.

* As we hold different views from Dr. W. in this respect, we beg leave to remark that, ad 1, we cannot see the seriousness of an operation which, like extirpation, is performed without any loss of blood, and hardly ever requires any after-treatment; ad 2, the question of quickness is insignificant in two operations which both do not take more than five minutes at the utmost: ad 3, the patient wearing an artificial eye, the observer cannot see whether there is a stump below or not; ad 4, this point is very doubtful, according to our experience, and seems also so from theoretical reasons; ad 5, an artificial eye can equally well be worn with extirpation well performed.—ED.

† On this last point we agree with Dr. W., in so far as the existence of a stump renders the artificial eye more movable and makes the eye look less sunken as after extirpation; but, as we already stated above, besides this, the latter operation is a better guarantee against sympathetic affections of the other eye. The muscles, which are all left if the extirpation is performed according to BONNET'S method, constitute a stump, in many cases just as valuable, and always less irritable than any other, with rudiments of the eye in it, and the artificial eye may be worn a few days after the removal of the organ. PAGENSTECHER, in the last (second) part of the "Clinical Observations made in the Eye Hospital of Wiesbaden," published a paper "On Enucleation of the Globe and Sympathetic Inflammation of the Eye," and speaks of the ablation as of an obsolete method, "followed by a tedious process of cicatrization, where one was very fortunate if no purulent panophthalmitis ensued." "*There will be no doubt in such cases henceforward*, he says, "*and extirpation will always be preferred, as it has the same result in a much shorter time, and always allows the wearing of an artificial eye immediately.*"

worthy of examination, and went immediately to put it to test by conscientious experiments. On the one hand, there seemed to be a chance to substitute to the operations for cataract, which are never free from danger, a safe and insignificant procedure; on the other, the latter, by its immunity from danger, rendered every experiment justifiable at any period of the development of cataract. Theoretically, the effect of this method seemed inexplicable, and would not have encouraged any experimentator; but, says Dr. R., as it is not rare to see empiricism supplant theories, which seem most solidly established, I wanted, before forming an opinion on the new method, to submit it to a series of experiments for my own satisfaction and to my perfect conviction.

He tried it in four cases; first, on a woman of sixty, affected with cataract on one of her eyes. The superficial layers of the cataractous lens seemed soft. During nine months he evacuated the aqueous humor daily, and afterwards every second day. *No effect in nine months.* The cataract has, on the contrary, become more developed. The second case was one of half soft cataract in a stout man of sanguine temperament, aged forty-one. Daily evacuations during four months. *No effect.* In the third case, of an individual of sixty-seven, of lymphatic temperament, who was several times affected with specific diseases, presenting a complete lenticular cataract of the right eye, the punction repeated during five months had also *no effect.* And in the fourth, of a mechanic of twenty-one, with traumatic cataract in consequence of a wound with a steel point, the result was also *negative.*

Dr. R. himself does not consider four cases sufficient to prove peremptorily the fallacy of Dr. Sperino's statements; but nevertheless he considers them proof enough that not all cataracts are curable by the new method, as bad luck has made him take hold just at the very beginning, of four refractory cases. The new method is harmless, but produces, if the punction is always made on the same spot, a slight inflammation around the wound, which gives rise to a small obscuration of the cornea at that place, and also causes, in such cases, a little deviation of the pupil, the iris being somewhat drawn into the wound.

Our readers, several of whom have asked our opinion on the new treatment, will do well to continue to extract cataracts as heretofore. Our knowledge of the pathological anatomy of observations of the crystalline body does not allow us to believe in the validity of Sperino's method, which seems more a flight of fancy than the sober advice of a scientific oculist.—*American Journal of Ophthalmology.*

Reviews and Book Notices.

Dentition and its Derangements. A Course of Lectures delivered in the New York Medical College. By A. Jacobi, M. D., Professor of Infantile Pathology and Therapeutics, etc., etc. New York: Baillière Brothers, 440 Broadway. Pp. 172.

SECOND NOTICE.

The thirteen lectures, composing this volume, were originally published in the *American Medical Times*, and were then favorably received by the profession, at the time of their first publication. The profession owes a debt of gratitude to the author, or publishers, for the lectures in book form. In regard to the merits of the work, we are not at liberty to withhold our opinions, in view of what the author says, viz.: "The profession—I have written for the profession only—will please not withhold their opinions of my treatise. As for myself, I have tried to do justice to both the subject and its literature."

The work deserves to be read by every member of the profession, and is deserving of the highest commendations. We would advise every practitioner to buy and read the work; we predict he will arise from the perusal a wiser man, and better practitioner. Commending the work, in the most unqualified manner, we make but one quotation; knowing that in commending we but do our duty to the profession, and to the author of the work before us.

"You know that among the public at large, even among the educated part of the community, teething is regarded as one of the two scapegoats of all the diseases of infantile age. Teething and worms are among mothers acknowledged as the universal and all-powerful sources of disease. Whenever an innocent ascaris or a puny oxyuris is observed in the fæces of a child, worms are for years to come, considered as the undoubted cause of any disease that may occur. Teething, a normal, physiological development, taking place at an age which for many reasons is subject to a large number of diseases, has a strong hold on the imagination of frightened maternal minds. The first dentition generally occupies the first two years of early infantile life; a period in which the child is peculiarly liable to diseases both numerous and frequently of a dangerous character. As the protrusion of a tooth (and in the average a tooth will cut every month) is a remarkable phenomenon, and is something new and visible to the eyes of even the most short-sighted, it is believed to be the cause of every unfavorable occurrence in early life. A mother will bring to you her child, thin, emaciated, and anæmic, with sunken eyes and the wrinkled physiognomy of old age and tell you that she is well aware the poor thing is suffering from teething, and that therefore nothing can be done to alleviate its sufferings. She will never be convinced that her child is dying from her own neglect; but she has allowed a slight catarrh of the intestines, perhaps, to degenerate into incurable ulceration of their follicles. Thus you will learn that ignorance and prejudice will attribute all, or nearly all, the diseases of the infantile age to a normal process. To the same cause are attributed inflammations of all the external and internal organs, the brain and its membranes, air passages and lungs, mouth, throat, stomach, and intestinal canal; as also cough, vomiting, diarrhœa, and dysentery, derangements of the secretion and emission of urine, chronic eruptions of the skin, convulsions and paralysis, exudations of serum, and extravasations of blood, in any of the numerous organs of the infantile body. Teething is thus considered the efficient cause of most of the terrible diseases which prove fatal to thousands of the rising generation. I can assure you that the readiness to attribute all the diseases of infantile life to teething has destroyed more human beings than many of the wars described in history. For though parents are so much impressed with the belief of the dangers of teething, still they never think of attempting to save the lives of their children by counteracting the supposed life-endangering power of a normal process."

Again, we would say, to such practitioners as may be influenced by our judgment, buy and read this little work; and, after reading, place it in the hands of any mother that may be raising a family of children. Nothing but good can come from its perusal, whether by one of the profession or by a layman.

O. C. G.

Substances used in Filling Teeth.

This was the subject of a paper lately read before the Students' Society of the Dental Hospital, by Mr. M. Harding. After considering temporary and permanent fillings, and the various amalgams used for the purpose, Mr. Harding concluded his remarks by a tribute in favor of the noblest of all metals, gold.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JULY 18, 1863.

The rebel invasion of this State, the threatened demonstration against Philadelphia, and the excitement consequent thereon, make it incumbent on us to ask the indulgence of our readers for any irregularities that the extraordinary circumstances in which we are placed, may cause.

The editor has felt it to be his duty to take up the musket for city defence, and, for awhile his time will be partly occupied with military duties. It is hoped that no emergency will arise that will require his whole time, but if there should, there are others who will no doubt lend their aid in the editorial management of the REPORTER.

The same circumstances have so deranged all branches of business, that it will be difficult to get the full quota of work done, or to get it done with the promptness that is desirable. We shall do the best we can.

We must ask our subscribers to be indulgent, to send us communications, (for the excitement has nearly stopped these,) and to answer our calls upon them as promptly as possible.

PENNSYLVANIA STATE MEDICAL SOCIETY.

In the REPORTER of June 20th, we published a report of the proceedings of the Pennsylvania State Medical Society. A good deal of pains was taken to make the report complete. A respected correspondent finds fault with it, however, for its want of accuracy, and informs us that a "correct" report would be published in the *Medical News and Library*. Somewhat chagrined at our failure, we awaited the "correct" report with some curiosity and solicitude. It has come. Under the head of Unfinished Business of the last session, we did omit to mention four items, viz.:

1. A Report from the Committee on providing for the use of the physicians of the State a permanent supply of genuine Vaccine Virus. The chairman of the Committee reported that he had been enabled to distribute a considerable quantity to practitioners throughout the State and to Surgeons in the army, though the demands upon him had been far less than in former years—and this, be it observed, at a time when small-pox has been unusually prevalent. Conceiving that the object had in view by the Society had been fully accomplished to the extent of the means at its disposal, the Committee begged to be discharged. The fact is, the profession of Pennsylvania know that when they want a supply of vaccine virus it is to be had by application, with a stamp to pay return postage, at the office of the MEDICAL AND SURGICAL REPORTER. In this way we have, during the past year, supplied hundreds of physicians, besides sending a large quantity to the Surgeon-General free of cost, for the use of the army.

2. A report from the Committee on Meteorology. The chairman reported progress, and the Committee was continued.

3. The Committee on Criminal Abortion made no report, and asked to be discharged—which was done.

4. The Committee on Physical Education reported progress, and was continued.

The above seems to be the sum of our sins of omission, and we leave it to our readers to judge whether they are of very great importance. Our sin of commission seems, on comparison with the "correct" report to consist in the fact that our report was far too truthful to suit some gentlemen who, like some members of Congress occasionally have cause to revise their records. We can only say that if the report published in the *Medical News and Library* was furnished as a "correct" report of the proceedings, then that journal was shamefully imposed upon.

We trust that the minutes of the next meeting of the State Medical Society will not require revision, and that the transactions will be altogether more creditable to the profession of the State. We shall use our influence to induce the profession to organize more thoroughly, that future meetings of the Society may have the benefit of a larger representation, which may have the effect of giving the proceedings a more practical and useful character.

We do not by any means intend to be understood that the proceedings were devoid of interest; our report shows the contrary. There were some excellent reports and volunteer papers which will appear in the transactions.

HINTS ON INAUGURAL THESES.

Dr. Thomas D. Mitchell, Professor of Materia Medica and Therapeutics in the Jefferson Medical College of this city, in a communication to the *Boston Medical and Surgical Journal*, has the following remarks on Inaugural Theses, which we hope will receive attention, from journalists and the profession, that students may be encouraged to investigate more thoroughly the properties of our indigenous materia medica. In our blind adhesion to the foreign materia medica we no doubt neglect some very valuable medicines, the products of our own soil, many of them even superior to foreign articles. The English medical journals are devoting much attention just now to our materia medica, and if the result of their and our investigations should be the expurgation of some effete foreign substances, and the addition of some of our own really valuable plants, the cause of science will be subserved.

To the list of articles of the American flora enumerated by Dr. Mitchell whose properties should be investigated, we would take the liberty of adding the *Hydrangea Arborescens*, which was the subject of the Inaugural Thesis of the writer in 1850, and which has frequently been used with satisfaction in urinary affections, particularly in cases where there are sabulous and gravelly deposits in the urine. Many successful applications of the remedy have been published in our pages during the past thirteen years.

The following are Professor Mitchell's remarks:

"A cursory glance at the titles of inaugural theses, as given in the published lists of the graduates in medicine and surgery, would induce the supposition that topics suitable for such productions have well nigh been exhausted. Typhoid fever, pneumonia, dysentery, diphtheria, and other common-place subjects are so commonly before our eyes, that one might fancy, at least, that none others were worthy the notice of candidates for graduation. The evil under review leads to a result that is perhaps almost unavoidable; and that is, a habit of copying, year after year, with little or no effort at originality. Take typhoid fever, as a sample. The candidate tells just about the same story that has been rehearsed a hundred times before, adding, it may be, a case or two that occurred in the practice of his preceptor, by way of illustration. As a consequence, the professors, into whose hands these essays fall, are not disposed to read them, just because they feel that an old story merits nothing more than a hasty glance.

"Now this practice has grown so absolutely stale as to warrant an effort, at least, to make it obsolete. Nor is there any real difficulty in the way of reform, as this brief paper will abundantly show.

"Our widely-diversified and very extensive country presents articles that have never been properly investigated, and not a few that have scarcely been the subjects of research at all; and it is my purpose to place before the medical student who has industry equal to the task, several items of our great domestic storehouse, the analysis of which would tend not a little to enlarge our curative resources.

"The American *Holly*, so abundant in this country, and used by the aborigines as a remedy for periodical fevers, demands a full investigation. A foreign work has told us of the *Ilex opaca* of Great Britain, and its proximate principle. *Ilicene*, as substitutes for Peruvian bark; but the Ilex or Holly of America has had no proper investigation. It is quite easy to obtain the leaves and bark and to form decoctions and extracts, according to the rules laid down in the books, and then to test their power on the human economy. A proximate principle might also be developed, similar to the Ilicene of the *British Flora Medica*.

"The different species of *Salix*, too, call for more thorough investigation. Everywhere we see the *willows*, and most persons are familiar with them. The proximate principle, *Salicine*, is one of the well-known substitutes for the salts of quinine, and the decoctions of the bark have been in use at a period more remote than we would now venture to name.

"The very common *Poke-root* (Phytolacca decandra) belongs to the same category. Something has been done in respect of this article, but it has not yet received the attention it merits.

"Our *Persimmon* trees, loaded with fruit, meet the eye in almost every direction, and this is about all that thousands know respecting them. Two or three distinguished men have written on their merits, but to this date no proper analysis has been made, and of course the real value of the article is not known. I incline very strongly to the belief that future researches are destined to give the persimmon a far higher place than it now enjoys among remedial appliances.

"It is high time, too, that the real value of the *dewberry* and *blackberry* plants was understood. Everywhere employed in domestic practice, why should their therapeutic powers be so imperfectly known that two professors in the same school should, on the same day, pronounce opposite

opinions respecting them? Doubtless they are of more value than we are wont to believe.

"The *Pæonia* (often called *piney,*) the *Apium petroselinum* (garden *parsley*), the familiar *Ruta gravedens* (*Rue*), all have claims that have never been fully met, and yet each has its own peculiar value.

"The list could be greatly extended, but we shall content ourselves with alluding to but one other native vegetable, viz., the *Sarracenia purpurea*, more commonly known as the *pitcher* plant, from the resemblance of the leaf to a small pitcher; it usually contains one or two ounces of water. My first knowledge of this plant was gained from a perusal of Part 46 of *Braithwaite's Retrospect*, page 95, where its ancient use by the Indian race, as a prophylactic and also as a remedy for *small-pox*, attracted my attention. This, added to the actual use of the plant in the *Toronto Hospital* (Canada) in the treatment of variola, induced me to present the subject to my class last winter.

"The pitcher plant is very abundant in the United States. Excellent samples were sent to me early last spring from New Jersey, where it flourishes in swampy lands. The plants are now in full vigor in this city, and bear a very pretty flower. A strong decoction of the roots is the preparation employed, now, as in the days of aboriginal simplicity. As the plant is exceedingly abundant, any desirable quantity may be gathered for experimental purposes.

"It will occur to the reader that the articles above named (and there are scores besides) are in our own soil and therefore easy of access, and to be had at little or no expense. Let our candidates for graduation make their selection, and devote a portion of the usual college recess to a careful investigation, and they will be able to present theses that may have some good claim to originality; and the day may yet come when our own country will be able to furnish scores of remedial agents whose actual worth may supplant many articles that are now brought to us from far distant climes."

"It is my custom to present this whole subject to my class every winter, but it seemed desirable to call the attention of others, equally interested, to the special merits of the case."

Notes and Comments.

Transmission of Sound to a great Distance.

Dr. F. C. Robinson, of Greensburg, Westmoreland county, Pa., says that the report of artillery at the battle of Gettysburg, on the 3d inst., was distinctly heard at Greensburg, a distance of one hundred and twenty-five miles from the seat of conflict; on lying down on the ground jarring could be distinctly felt. Dr. Robinson says, "That the whole neighborhood claim to have heard the firing. During Friday the air was calm and the sky cloudless. If you will look at a map, you will see that several ridges of mountains intervene between this place and Gettysburg, the latter point being southeast from here."

News and Miscellany.

Army Hospitals in this City.

A large number of wounded soldiers arrived in this city during the past week. The number admitted into the Hospitals was 3,924; 127 were returned to duty; 15 were discharged, and 104 were mustered out of the service at the Filbert street Hospital for convalescents. No deaths occurred. The number remaining on Saturday, July 11, was 9,527, distributed as follows:

West Philadelphia	3,717
Chestnut Hill	2,973
Nicetown	869
Germantown	658
Summit House	332
South Street	270
Christian Street	171
Turner's Lane	149
Filbert Street	107
Citizen's	60
Camac's Woods	50
Chester	50
Islington Lane	9

The Conscription.

The conscription law of the last Congress is now being put in force. The following are allowed as causes of exemption:

First. The Vice President of the United States, the judges of the various courts of the United States, the heads of the various Executive Departments of the Government, and the Governors of the several States.

Second. The only son liable to military duty of a widow dependent upon his labor for support.

Third. The only son of aged or infirm parent or parents dependent upon his labor for support.

Fourth. Where there are two or more sons of aged and infirm parents subject to draft, the father, or if he be dead, the mother may elect which son shall be exempt.

Fifth. The only brother of children not twelve years old having neither father nor mother, dependent upon his labor for support.

Sixth. The father of motherless children under twelve years of age dependent upon his labor for their support.

Seventh. Where there are a father and sons in the same family and household, and two of them are in the military service of the United States as non-commissioned officers, musicians, or privates, the residue of such family and household, not exceeding two, shall be exempt: Provided, however, That no person who has been convicted of felony shall be enrolled or permitted to serve in said forces.

The exempts under the first provision of section 2 of the act for enrolling and calling out the national forces, etc., will generally be sufficiently well known to the Board to obviate the necessity of evidence with

regard to them. Should, however, the Board consider it necessary, in any case, the commission or certificate of office of any person claiming exemption under the provision mentioned may be required to be shown.

To establish exemption under the second, third, fourth, fifth, and sixth provisions of section 2 of the act for enrolling and calling out the national forces, &c., the Board shall require the affidavits of the persons seeking to be exempt, and of two respectable men (heads of families residing in the district, that the man in question is "the only son of aged or infirm parents, or parents dependent on his labor for support," or otherwise, according to the particular provision of the section under which the exemption is claimed. These affidavits will be made according to the forms hereinafter prescribed, and must, in all cases, be taken before a civil magistrate duly authorized to administer oaths. These forms of affidavit shall be published by the Board of Enrolment in the newspaper of the district, for the information of the public when a draft is ordered.

The following list of physical causes of exemption is issued from the Surgeon-General's office, but no certificate of a physician or surgeon is to be received in support of any point in the claim of drafted men for exemption from militia service, unless the facts and statements therein set forth are affirmed or sworn to before a civil magistrate competent to administer oaths.

1. Manifest imbecility or insanity.

2. Epilepsy. For this disability the statement of the drafted man is insufficient, and the fact must be established by the duly attested affidavit of a physician of good standing, who had attended him in a convulsion.

3. Paralysis, general or of one limb, or chorea; their existence to be adequately determined.

4. Acute or organic diseases of the brain or spinal chord; of the heart or lungs; of the kidneys or intestines; of the kidneys or bladder, sufficient to have impaired the general health, or so well marked as to leave no reasonable doubt of the man's incapacity of military service.

5. Confirmed consumption; cancer; aneurism of the large arteries.

6. Inveterate and extensive diseases of the skin, which will necessarily impair the efficiency of a soldier.

7. Decided feebleness of constitution, whether natural or acquired.

8. Scrofula or constitutional syphilis, which has resisted treatment and seriously impaired the general health.

9. Habitual or confirmed intemperance, or solitary vice, in a degree sufficient to have materially enfeebled the constitution.

10. Chronic rheumatism, unless manifested by positive change of structure, wasting of the affected limb, or puffiness or distortion of the joint, does not exempt. Impaired motion of joints and contraction of the limbs, alleged to arise from rheumatism, and in which the nutrition of the limb is not manifestly impaired, are to be proved by examination while in a state of anæsthesia induced by ether only.

11. Pain, whether simulating headache, neuralgia in any of its forms, rheumatism, lumbago, or affections of the muscles, bones, or joints, is a symptom of disease so easily pretended that it is not to be admitted as a cause for exemption unless accompanied with manifest derangement of the general health, wasting of a limb, or other positive signs of disqualifying local disease.

12. Great injuries or diseases of the skull, occasioning impairment of the intellectual faculties, epilepsy, or other manifest nervous or spasmodic symptoms.

13. Total loss of sight; loss of sight of right eye, cataract, loss of crystaline lens of right eye.

14. Other serious diseases of the eye, affecting its integrity and use, *e. g.*, chronic ophthalmia, fistula lachrymalis, ptosis (if real), ectropion, entropion, &c. Myopia, unless very decided or depending upon some structural change in the eye, is not a cause for exemption.

15. Loss of nose; deformity of nose, so great as seriously to obstruct respiration; ozena, dependent upon caries in progress.

16. Complete deafness. This inability must not be admitted on the mere statement of the drafted man, but must be proved by the existence of positive disease, or by other satisfactory evidence. Purulent otorrhœa.

17. Caries of the superior or inferior maxilla of the nasal or palate bones, if in progress; left palate (bony); extensive loss of substance of the cheeks, or salivary fistula.

18. Dumbness; permanent loss of voice; not to be admitted without clear and satisfactory proof.

19. Total loss of tongue; mutilation or partial loss of tongue, provided the mutilation be extensive enough to interfere with the necessary use of the organ.

20. Hypertrophy or atrophy of the tongue, sufficient in a degree to impair speech or deglutition; obstinate, chronic ulceration of the tongue.

21. Stammering, if excessive and confirmed; to be established by satisfactory evidence under oath.

22. Loss of a sufficient number of teeth to prevent proper mastication of food and tearing the cartridge.

23. Incurable deformities or loss of part of either jaw, hindering biting of the cartridge or proper mastication, or greatly injuring speech; enchylosis of lower jaw.

24. Tumors of the neck, impeding respiration or deglutition; fistula of larynx, or trachea; torticollis, if of long standing and well marked.

25. Deformity of the chest sufficient to impede respiration, or to prevent the carrying of arms and military equipments; caries of the ribs.

26. Deficient amplitude and power of expansion of chest. A man five feet three inches (minimum standard height for the regular army) should not measure less than thirty inches in circumference immediately above the nipples, and have an expansive mobility of not less than two inches.

27. Abdomen grossly protuberant; excessive obesity; hernia, either inguinal or femoral.

28. Artificial anus; stricture of the rectum; prolapsus anni. Fistula in ano is not a positive disqualification, but may be so if extensive or complicated with visceral disease.

29. Old and ulcerated internal hemorrhoids, if in degree sufficient to impair the man's efficiency. External hemorrhoids are no cause for exemption.

30. Total loss or nearly total loss of penis; epispadia or hypospadia at the middle or near the root of the penis.

31. Incurable permanent organic stricture of the urethra, in which the urine is passed drop by drop, or which is complicated by disease of the bladder; urinary fistula. Recent or spasmodic strictures of the urethra does not exempt.

32. Incontinence of urine, being a disease frequently feigned and of rare occurrence, is not of itself a cause for exemption. Stone in the bladder, ascertained by the introduction of the metallic catheter, is a positive disqualification.

33. Loss or complete atrophy of both testicles from any cause, permanent retention of one or both testicles within the inguinal canal, but voluntary retraction does not exempt.

34. Confirmed or malignant sarcocele hydrocele, if complicated with organic disease of the testicle. Varicocele are not in themselves disqualifying.

35. Excessive anterior or posterior curvature of the spine; caries of the spine.

37. Wounds, fractures, tumors, atrophy of a limb, or chronic diseases of the joints or bones, that would

impede marching or prevent continuous muscular exertion.

38. Anchylosis or irreducible dislocation of the shoulder, elbow, wrist, hip, knee, or ankle-joint.

39. Muscular or cutaneous contraction from wounds or burns, in a degree sufficient to prevent useful motion of the limb.

40. Total loss of a thumb; loss of ungual phalanx of the right thumb.

41. Total loss of two fingers of same hand.

42. Total loss of index finger of right hand.

43. Loss of the first and second phalanges of the fingers of the right hand.

44. Permanent extension or permanent contraction of any finger except the little finger; all the fingers adherent or united.

45. Total loss of either great toe; loss of any three toes on the same foot; all the toes joined together.

46. The great toe crossing the other toes, with great prominence of the articulation of the metatarsal bone and first phalanx of the great toe.

47. Overriding, or superposition of all the toes.

48. Permanent retraction of the last phalanx of one of the toes, so that the free border of the nail bears upon the ground; or flexion at a right angle of the first phalanx of a toe upon a second with anchylosis of this articulation.

49. Club feet; splay feet, where the arch is so far effaced that the tuberosity of the scaphoid bone touches the ground and the line of station runs along the whole internal border of the foot, with great prominence of the inner ankle; but ordinary large, ill-shaped, or flat feet do not exempt.

50. Varicose veins of inferior extremities, if large and numerous, with clusters of knots, and accompanied with chronic swelling or ulcerations.

51. Chronic ulcers; extensive, deep, and adherent cicatrices of lower extremities.

M. Demarquay on English Surgery.

M. Demarquay has recently published in the *Union Médicale* (No. 70) some of the impressions he derived concerning English Surgery during his visit to London as a juror of the Exhibition. Upon the whole, we do not complain of the estimate formed by our *confrère*, who sees that there is something at least to be learned from our hospitals and our practice; but one or two statements may be noticed. He seems to think that we administer chloroform in a far too free manner—an observation to be expected from a surgeon of the Paris hospitals, in which this assuager of suffering is often very imperfectly employed. The reason M. Demarquay assigns for such imperfect administration is of that idealistical kind we have become in the habit of regarding as peculiarly French. He says that when the English patient is brought completely under the influence of chloroform, "a painful feeling is produced when we behold placed upon the operating-table a human mass brought there solely to undergo the operations indicated by art. As chloroformization is continued during the entire period of the operation, and the patient is carried away while still under the influence of the anæsthetic, there results a complete isolation of the patient and the surgeon, which is truly painful. The man is effaced by such a mode of procedure, the operator becoming a mere instrument, and the patient mere matter for operation. Those moral and sympathetic ties, which become established between the operator and the operated prior to the operation, and at the moment when the patient returns to his senses, have no place in the English hospitals, where this mode of procedure prevails. In this point of view ours is the better practice." Aye, in this point of view; but what is it in the patient's point of view? Freedom from pain, rather than a "moral sympathetic tie," is, we take it, the grand point with him.

The construction and convenience of our operating theatres, their admirable illumination, the mode of transporting the patients to and fro, and the mode of dressing, receive great praise at the hands of M. Demarquay, contrasted as they are with what prevails in France. In comparing the results obtained in the two countries, he observed that we must bear in mind that the London patients can bear operations much better than the Parisians, who are of a far more nervous and impressionable temperament, whatever this may be due to, whether difference in race, in habits, or in manner of living. With respect to the diagnosis, he considers that French surgery is more minute, precise, and affirmative, while in indications of treatment English surgery is more bold and more hasty. Thus, in respect to the numerous and remarkable examples of excision met with in the London hospitals, there has not first taken place in these cases that series of local and general treatment which would have been put into force in Paris. While English surgery is so proud of the results of these operations, French surgery is better pleased with avoiding such operations by medico-chirurgical treatment, and thus preserving the limbs in their entirety. In calculating the statistics, we may expect a greater proportion of favourable results from the English resections than from the French, as these latter are not resorted to until the last extremity, when all other means have been exhausted. The true object of inquiry should be the diseases of the joints themselves; are they best treated by these more prompt and hasty operations, or by more varied and more expectant therapeutical agencies? But M. Demarquay finds that if, in some respects, London surgery is bolder than French, in others it is more timid. Thus, delicate operations for the removal of malignant tumors are much rarer in London than in Paris. This, he conjectures, may be due to the fact of such cases being treated at special hospitals, and should be borne in mind in estimating the respective mortality of the general hospitals of the two countries. We believe that this class of operations is of more common occurrence in our hospitals than M. Demarquay supposes, and that their greater rarity, compared with what prevails in Paris, is not due to any predominance of special hospitals, but to the increasing want of confidence entertained in their efficacy by our surgeons.—*Medical Times and Dublin Medical Press.*

Weights and Measures in England.

Some of our English friends have a strong hankering after a decimal system of weights and measures. A Committee of Parliament has for some time been engaged in making "a full investigation of the regulations of different countries, as well as the requirements of our own country, [Great Britain,] and have arrived at the conclusion that a universal system should prevail among commercial nations, and that the French Metrical System was the best suited for general adoption." A bill is now before Parliament designed to carry out the recommendation of the Committee, which bill is printed in *extenso* in the June number of the Pharmaceutical Journal, just received. This bill makes all the measures dependent upon the metre, which it calls the "new yard" (39.37079 inches) or unit of length measure. The unit of surface measure is the square metre. The unit of measure of capacity is the litre or new quart (a cube of the one-tenth of the new yard.)

The unit of weight is the weight of a *new quart* or litre of distilled water, to be called a "kilogram," the half of which is to be the new pound. The one-thousandth of the kilogram will be called a "gram," which in decimal parts and multiples, "shall be used for weighing bullion and precious stones, and for the purposes of pharmacy."

The bill makes the use of these measures legal.

three months after it becomes a law; and at the expiration of three years from that time, it shall be illegal to use any other weights or measures within the realm of Great Britain. The subject may now be considered to be open to the British public. The characteristic deliberation with which great changes are effected in England, will give ample time for the people to consider the matter, yet it is not probable that one in ten thousand of the population will understand the merits of the bill or appreciate the amount of disturbance it will create in commercial transactions. With a just appreciation of the advantages of the decimal system in regard to multiples of the units, we yet believe the duodecimal or sexdecimal system to be far more convenient in practice, and that should the decimal system be adopted in England, it will be virtually annulled in practice, as regards the decimal fractions, by the retention of the custom of halves, quarters, eighths and sixteenths of the kilogram, using them in lieu of the present fractions of the avoirdupois pound,—in fact, the bill foreshadows this in its 5th clause, which says, "For the more convenient subdivision of weights and measures, it shall be lawful to use the double and the half of all the said units, and their principal decimal divisions and multiples, *as well as any other subordinate divisions* which the Committee of the privy council for trade *may deem expedient.*"—*American Journal af Pharmacy.*

The Military Hospital

at Sixty-fifth and Vine streets, under the charge of Dr. Levis, which has been devoted to the treatment of deformities of joints from gun-shot wounds, having a number of vacant beds, is ordered to receive wounded officers from the recent battles.

Diphtheria.

Diphtheria is raging at a fearful rate in Western Illinois. In the town of Moline, over one hundred children have died from its effects. Parents in a panic have shut their children into the house to keep them clear of it, but it was observed that those who were housed were the victims soonest, while those that "roughed it" out of doors invariably escaped.

ANSWERS TO CORRESPONDENTS.

☞ *Correspondents will please notice our reiterated request to give their full address in their communications to us. Our correspondence is very extensive, and it is necessary for us always to know the Town, County and* State *from whence their letters are sent.*

Dr. G. W. C., Michigan.—Your instruments were forwarded by Howard & Co.'s Express, on the 15th, securely packed in a wooden box.

Dr. B. Hessr, Mich.—Your tonsillotome was forwarded by Howard & Co.'s Express, on the 15th inst.

Dr. A. E. S., Wis.—Mott's Surgical Clinics has been forwarded by mail.

The price of Erichsen's Surgery is now $5.

Dr. E. S. Sharp, N. J.—Gross' Surgery—two volumes was forwarded by West Jersey Express, on the 16th inst.

Dr. O. L., Pa.—Dr. W. M. King is Surgeon-General of Pennsylvania. His address is Harrisburg. He will inform you when the next Board of Examiners meets.

MARRIED.

Cheston—Law.—On Tuesday evening, the 7th inst., by the Rev. George W. Musgrave, D. D., LL. D., Dr. Elijah Cheston, Assistant Surgeon, U. S. A., and Miss C. Louisa, daughter of Smith Law, Esq., of this city.

Sorrel—Tupper.—Married at Hardwick, Mass., on the 14th of July, by the Rev. M. Tupper, Dr. J. C. Norris, of Leipsic, Del., and Miss Emily P., daughter of the officiating clergyman. (No cards.)

Mitchell—Rose.—On Thursday, June 11th, at the residence of the bride's father, by Rev. Dr. Mitchell, of New York, John J. Mitchell, M.D., of New York, and Philena B., daughter of Norman Rose, Esq., of Schuyler Lake, N. Y.

Whitney—Murdock.—On Wednesday evening, June 24, at the residence of the bride's father, by Rev. S. S. Barier, assisted by Rev. Geo. W. Whitney, W. W. Whitney, M.D., and Miss Angie, daughter of Samuel Murdock, Esq., all of Union, N. Y.

DIED.

Chase.—In Mt. Vernon, Me., July 8th, Dr. S. W. Chase, aged 53 years.

De Camp.—In Watervliet Arsenal, West Troy, N. Y., on Wednesday, July 15, Caroline L., the beloved wife of Dr. S. G. J. De Camp, U. S. Army, and daughter of the late Judge Hitchcock, of Mobile, Ala.

Furber.—On the 4th of July, at Bunker Hill, Ill., Charlie, infant son of Dr. J. L. and Fannie H. Furber, aged five months, twenty-six days.

Holmes.—Dr. F. S. Holmes, of Foxcroft, Me., Surgeon of the 6th Maine, died in hospital a few days since, of diphtheria.

Levis.—In this city, on the 15th inst., Anna, oldest child of Dr. Richard J. and Henrietta R. Levis, aged 7 years.

METEOROLOGY.

July	6,	7,	8,	9,	10,	11,	12.
Wind	S.	S. E.	S.	S. E.	N. E.	S. E.	S. E.
Weather	Cl'dy.	Cl'dy.	Cl'dy. Rain.	Cl'dy. Rain.	Cl'dy.	Cl'dy.	Cl'dy.
Depth Rain			2 5-10	1-10			
Thermometer							
Minimum	67°	65°	69°	60°	68°	65°	69°
At 8 A. M.	71	70	74	73	70	78	80
At 12 M.	72	78	74	80	73	81	84
At 3 P. M.	73	81	74	80	75	85	83
Mean	71	73.5	72.7	73.2	71.5	77.2	79
Barometer.							
At 12 M.	30.1	30.1	29.9	29.8	29.8	30	30.1

Germantown, Pa. B. J. Leedom.

VITAL STATISTICS.	Philadelphia. Week ending July 11.	New York. Week ending July 6.	Baltimore. Week ending July 6.	Boston. Week ending July 4.	Providence. Month of June.
Population in 1860..	565,529	805,651	212,418	177,812	50,666
Mortality.					
Male	159	212	56	43	30
Female	145	184	57	34	27
Adults	112	174	37	...	37
Under 15 years	186	216	74	...	30
Under 2 years	138	141	52	...	16
Total	304	396	113	77	57
Deaths in 100,000...	53.75	49.15	53.2	43.30	110.52
American	234	255	...	48	44
Foreign	48	141	...	9	13
Negro	3	10	11	...	1
Zymotic Diseases.					
Cholera, Asiatic	...	1	...	...	...
Cholera Infantum	35	16	14	2	1
Cholera Morbus	1	1	...	2	...
Croup	6	14	2	3	...
Diarrhœa	6	10	...	...	...
Diphtheria	5	12	2	1	2
Dysentery	4	2	5	1	1
Erysipelas	3	1	...	...	...
Fever, Intermittent	...	...	...	...	...
Fever, Remittent	1	...	...	...	...
Fever, Scarlet	6	14	6	...	5
Fever, Typhoid	5	16	2	5	...
Fever, Typhus	1		...	...	...
Fever, Yellow	...	...	...	...	...
Hooping-cough	...	2	2	1	...
Influenza	...	...	...	...	...
Measles	3	5	5	...	1
Small Pox	4	1	1	...	...
Syphilis	...	...	...	...	...
Thrush	...	...	...	1	...
Sporadic Diseases					
Albuminuria	...	4	...	...	...
Apoplexy	3	5	...	2	1
Consumption	28	67	13	12	17
Convulsions	15	...	1	1	...
Dropsy	13	23	7	4	1
Gun-shot Wounds	3	...	...	...	...
Intemperance	3	2	1	...	...
Marasmus	14	24	...	1	...
Pleurisy	...	2	1	...	...
Pneumonia	...	...	...	6	4
Puerperal Fever	1	2	...	...	...
Scrofula	1	2	...	...	1
Violence and Acc'ts	17	30	4	6	...

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

ADHESIVE PLASTER
In the Treatment of Fracture of the Thigh.

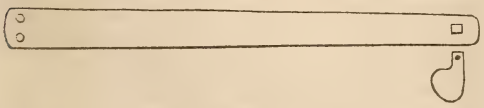
By D. Gilbert, M. D.,

Of Philadelphia.

Having received frequent applications from medical friends for full details of the composition and manner of application of my apparatus for fracture of the thigh, I have prepared the following for insertion in the Medical and Surgical Reporter. This seems called for, especially at this time, when there are so many cases under treatment in the army hospitals. I regret to say, that my publications hitherto have not been so full and explicit on these points as they should have been.

I.—Composition.

1. A splint four inches wide at upper and three inches at lower end, by three-fourths of an inch thick, and long enough to reach from two inches above the crista ilii to six inches below the foot after extension and reduction, with two holes at upper end, and a block, nailed or morticed to lower end, to receive the frame of tourniquet.



2. Two pieces of adhesive plaster one and one-fourth yards long, and two inches wide at one end, and six at the other. Two adhesive strips, each one yard long and three inches wide, and one adhesive strip one and one-fourth yards long and four inches wide.

3. Two ordinary rollers, each two and a half inches wide and four yards long.

4. One tourniquet, (of Pettit.)

5. Cotton batting or charpie, and one yard of muslin.

6. Small block, half an inch thick by two inches wide and three long.

7. The many-tailed bandage, which is necessary in some cases.

II.—Application.

1. Make one double strip by laying one of the yard long strips upon the other and attach this to sides of leg, leaving a free loop under sole of foot to receive block and tourniquet strap.

2. Apply wide end of one of the largest strips to the inside of the sound thigh, above its middle; pass it spirally over anterior aspect and trochanter, and then across sacrum to crista ilii of injured side. Apply wide extremity of the other so as to overlap the first; carry it spirally over back of thigh and trochanter and across anterior aspect of the pelvis to crista ilii. Here the narrow ends are crossed, twisted and passed through the holes of the splint and tied outside firmly. See that the plasters are adherent to all the surfaces over which they pass.

3. To insure adherence apply one roller over the extending, and the other over the counter-extending bands.

4. Make extension and counter-extension and coaptate the fragments.

5. Pass strap of tourniquet over the loop and block under the sole of the foot, and buckle tightly; placing the frame of the instrument upon the block at lower end of the splint. By turning the screw the extension may be completed and increased from time to time.

6. Roll up the batting or charpie in the muslin to form a cushion, and fill inequalities between leg and splint.

7. Pass remaining adhesive strip around the pelvis and head of splint to insure immobility of both.

8. An inside splint may be used in some cases. This may be longer or shorter, and held by strips of roller. The many-tailed bandage, in some cases, is necessary.

9. Should the situation of wounds require it the splint may be bracketed.

10. Patients of tender skin often separate the plasters to relieve itching. This should be prevented.

11. When the fracture is in the lower part or middle of the thigh, the wide ends of the counter-extending strips may be applied to the injured limb; commencing on the outside, winding spirally in opposite directions, crossing at perineum and

crista illii, and then passed through the holes of the splint and tied.

In all cases the form and length of the adhesive strips must be adapted to circumstances.

In some cases we will have to depend on the surfaces of the pelvis alone for their application.

III.—Advantages.

1. There is neither friction nor pressure at the seats of extension and counter-extension as there is in the use of the ordinary materials; consequently, no abrasion nor pain, no matter how great the force necessary to be employed to keep up extension and counter-extension.

2. The apparatus is so perfectly simple as to be always available.

3. When well applied, readjustment is not required more than once in simple, and not more than three or four times in compound fractures.

4. Perfect quietude of the fragments insuring more speedy union.

This method commands the movements of the pelvis and entire lower extremity, and converts them, for the time being, into one solid piece, whilst the movements of the trunk upon the pelvis through the agency of the lumbar vertebræ are unrestrained, which adds greatly to the comfort of the patient.

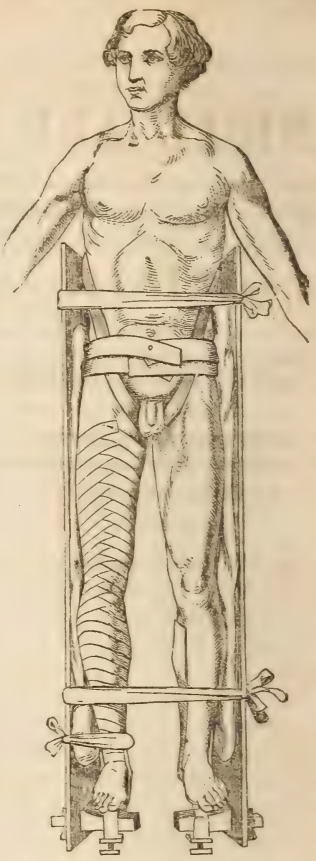
IV.—To Facilitate Evacuations.

I have, in these and all similar cases, a frame made (of $1\frac{1}{4}$-inch plank four inches wide) six and a half feet by two and a half feet, on which sacking is firmly tacked, as in the subjoined wood-cut.

Over this lay a sheet with hole to correspond and pillows to raise the head and shoulders, and place this upon an ordinary bed.

On this the patient may be placed and have his evacuations without the least disturbance of the fracture by resting the ends of the frame upon stools or chairs. He may also be carried from room to room, and even into the open air, and have his bed made, aired, etc.

The following drawing exhibits the plan adopted in the case of T. S., who had compound fracture of both thighs:



This case was reported to the *College of Physicians* by Dr. T. E. Beesley, of this city, at a stated meeting in February, 1859. His concluding remarks are as follows:

"In writing the account of this interesting case, I have drawn freely from the notes of it kept by Dr. Gilbert, to whose skill, under Providence, I attribute its completely successful result, the more remarkable from the age, nervous constitution, and active character of the lad. Of all the cases of fracture of the thigh which have come under my notice in the course of a pretty extensive practice of more than forty years, there has been none where the apparatus made use of was so simple, so painless, and yet so thoroughly efficient in retaining the injured limbs in their natural position. The fracture-bed, by its cheapness, lightness, and convenience for moving the patient without pain, and allowing the necessary evacuations of the bowels, seemed almost all that was to be desired in such a case. At first there was some difficulty in urinating, and the catheter was used a few times; after that, however, a large-mouthed flattish phial was placed so as to receive the urine, when the patient desired to void it. In conclusion I may add, that now, at the end of three months from the accident, the boy walks with facility and without limping, there only appearing some stiffness in his knee."

Numerous cases of the most unpromising character have been treated with the most gratifying success during the last fifteen years by myself and friends. Some of these have been published in

medical journals, others may be published hereafter.

Published papers may be found in the *American Journal of Medical Sciences* for Jan'y, 1851, Jan'y, 1858, and Jan'y, 1859.

BILATERAL CEPHALÆMATOMA.*

Translated for the Medical and Surgical Reporter,

By A. Metz, M. D.,

Of Masillon, Ohio.

A paper on *Bilateral Cephalæmatoma* was sent in by Dr. Samelson. The case presented no features of special interest, only that the one tumor existed at birth, and the other was only noticed at the sixth or seventh day. The physicians who first attended the case thought it possible that the protrusion had a communication with the cavity of the skull, and as the general condition of the child seemed to indicate an unfavorable prognosis, an explorative puncture was made with a probe, which, however, closed after discharging a few drops of blood. When Dr. Samelson was called in, double cephalæmatoma was given as his diagnosis. He ordered Schmucker's lotion, besides a proper treatment for the general condition of the child. At a later period, the cold applications were changed for warm fomentations of chamomile infusion, mixed with spirits of camphor.

Dr. Samelson believed that the cephalæmatoma had a connection with a disposition to hæmorrhages in both parents, as manifested by frequent bleedings from the nose, and obstinate traumatic hæmorrhages.

Dr. Strassman remarked, that bilateral cephalæmatoma, according to the observations made in Hauner's Hospital for children, is of very rare occurrence—in twenty-nine thousand cases of sick children there treated, only three such cases are reported. In one case treated, one side was emptied by incision with the lancet, and was cured in from three to five days; the other side was treated by applications of sal ammoniac and tinctures, etc., and was absorbed only in from five to eight weeks.

Dr. Martin said, that according to his observations, on cephalæmatoma neonatorum, that the collection of blood between the skull-bone and the pericranium, in the larger proportion of cases, is caused by rupture of blood vessels by stripping, or compression of the tissues named, during the passage of the head through the pelvic bones. In a case that died from other disease, after a difficult birth, there was, on opening the head, fracture of the skull, with internal and external cephalæmatoma. It is quite common in dissecting new-born children to find small collections of blood between the skull and pericranium, not noticed during life, on account of the insignificance of the collections. He believes that such frequent sanguineous engorgement in new-born children is caused by interrupted inspiration. This view of the cause explains why, as is always observed, the cephalæmatoma increase in size during the first few days of life.

As regards the treatment, Dr. Martin also treated some cases on the expectant plan; that is, he confined himself exclusively to medical treatment, such as lotions, etc., and witnessed in a longer or shorter period of time the resorption of the blood in the swellings. But the cure was so tedious, and disfigured the head sometimes for years, so that for twelve years past he had uniformly resorted to puncture and evacuation of the contents of the swelling. *But this treatment he never undertakes before the ninth or tenth day after* the increase in size of the swelling has ceased. He uses the common abscess knife, and only makes an opening of from three to five lines. The blood discharged is always black, not coagulated. The discharge is aided by very gentle pressure, the wound closed with adhesive plaster, and no further treatment is required.

* Verhandlungen der Gesellschaft für Geburtshülfe in Berlin. Session of 27th May, 1862.

The Effects of Congelation upon Water.

Dr. Robinet, a member of the Academy of Medicine, Paris, has published an account of experiments conducted by him to test the effects of congelation upon drinking-water. It is well known that the ice which is formed in the sea yields nothing but fresh water, all the salt having been eliminated by congelation. In the Northern parts of Europe this property is turned to account for the extraction of salt from sea water; for a large sheet of the latter having been left to freeze, the ice is afterwards cut away, and the unfrozen water left below is so rich in salt as to require very little evaporation to yield it in a solid state. This property will also serve to analyze wine. Suppose it was required to determine the quantity of water fraudulently added to a certain wine; by exposing it to the action of artificial refrigeration, all the water would be alone, and the wine left in its purity. By a similar process, ships at sea, being short of water, might be supplied with this necessary article. We will suppose the temperature of sea water under the tropics to be 300 centigrade. If a quantity be exposed in a vessel to the action of a mixture of sulphate of soda and hydrochloric acid, two very cheap commodities, the temperature of the water will fall to 100 below freezing point. Let it then be exposed to a second mixture of the same kind, generally eight parts of sulphate to five of the acid, and the temperature may be lowered to 170 below freezing point. Congealed water is then obtained free from salt, and may be used with impunity. Dr. Robinet has added a new fact to this theory by showing that the water of springs and rivers loses all its salts by congelation. These salts are chiefly those of lime and magnesia. The water subjected to experiment was that of the lakes of the Bois de Boulogne, the ice of which was found to be entirely free from the above mentioned salts. Such, indeed, is the chemical purity of the water thus obtained, that it may in most instances be substituted for distilled water.—*Scientific American.*

Editorial Department.

Periscope.

DOMESTIC.

Spotted Fever.

At the meeting of the College of Physicians of this city, held on the 1st of April last, Dr. W. W. Gerhard read a paper on the Spotted Fever as it occurred in Philadelphia in 1863, its Symptoms, Pathology, and Diagnosis.* Dr. Gerhard says:

"About the middle of last February I was called to a case of a new form of disease; the patient, a boy of sixteen years of age, was taken suddenly with intense pain in head and back, with occasional delirium; there was also vomiting and nausea. In the intervals of the delirium he was dull and heavy, but able to answer questions correctly.

"On the second day there was an eruption over the whole body of spots varying in size from such as would be caused by the prick of a pin, to an inch or more in breadth. These spots were of a dull red color, not in the slightest degree elevated, and rather resembling ecchymoses, such as might be caused by the puncture of an insect than a proper eruption. There was no diarrhœa; moderate heat and fever; the tongue was scarcely coated. This patient died in four days from the attack, sinking into a state of coma. A sister of this patient, aged twenty, was taken ill and died in twenty-six hours from the commencement. She was attended by Dr. Packard, and had an eruption similar in all respects to that of the other patient during life. On examination after death no distinctive lesion was found."

Brief reference is made to about twenty cases that occurred in the vicinity of Falls of Schuylkill, ten of which terminated fatally.

History of the Disease.—Dr. Gerhard's account of the history of Spotted Fever seems quite confused. He says (p. 105) that the disease is "unknown in Europe," and again (p. 106) that "epidemics of the same disease have appeared in Europe within different periods." He says also (p. 105) that the disease is "not even mentioned in the complete work of Dr. Wood," while the fact is Dr. Wood gives "Spotted Fever" as one of the synonyms for Typhus Fever,† and under the history of that disease refers to the same epidemics of Spotted Fever in 1807 and 1812-13 that Dr. Gerhard does in his paper. Dr. Wood also classes the fever that appeared in Philadelphia in 1820-21 as a typhus fever, which Dr. Gerhard speaks of (p. 110) as "Negro Fever." It is not to be supposed that the "Spotted Fever" of 1807-13, described by Drs. Gallup, North and others, escaped the keen, searching eye of so learned, intelligent and systematic a writer as Dr. Wood is known to be, and it is evident that he regarded it as a typhus fever.

Dr. Gerhard has found evidences of the Spotted Fever having prevailed quite extensively of late, particularly in localities occupied by the United States troops. The number of cases that occurred in Philadelphia and vicinity during March and April is estimated at two hundred.

"*Mode of Attack and Symptoms.*—Some patients are taken down suddenly without the slightest premonition, with a chill and intense headache; others, again, have the usual premonitory symptoms of acute diseases for a few hours; a chill will then supervene, followed by fever; the countenance is slightly flushed, and the patient becomes dull and heavy—so much so that after a few hours, in bad cases, it is impossible to obtain any pertinent answer from a patient. In other cases he is dull and stupid, but answers when loudly spoken to. In slight cases there is merely a little dulness, but no positive stupor. There is occasionally positive delirium, but as a general rule the disturbance of the mind inclines more towards stupor or coma than active delirium. In fatal cases the patient always dies in a state of coma, which lasts several hours before death.

"Another symptom of the disease is intense pain in the head and back, extending often to the limbs. This occurs with a chill, but very soon subsides, or at least is not spoken of by the patient, except when questions are directed to the subject. There is often vomiting at the commencement, but not usually very frequent or often repeated, and no epigastric tenderness. The bowels are rather constipated; there is a disgust for food in proportion to the severity of the fever. The urine is perfectly healthy.

"The degree of fever is various; the pulse is frequent, not very strong, and in bad cases its force and frequency often diminish; the respiratory organs are perfectly healthy. The heat of the skin is more moderate than in most attacks of acute disease. In some cases I have remarked a peculiar odor exhaling from the patient. This, however, is not so marked as in many other varieties of disease.

"*Eruption.*—In every case of the disease which I have seen, with the exception of one or two, terminating after an attack of a few hours, there occurred a characteristic eruption. This consisted of small spots, varying in size from the point of a pin to the breadth of a quarter of an inch. In some patients there were much larger spots, or ecchymoses an inch or two in breadth; these seemed to depend upon the same causes which produced the smaller ones, and to be in fact identical with them, so that they might be termed confluent. The eruption, which at first glance resembled a genuine exanthema, was, on careful inspection, found to be very different from it. Each spot was of a dull red color, almost purple in some cases, varying in shade, and, for the most part, not at all affected by pressure; some of the lighter colored spots were to a certain degree diminished when strongly compressed, but the darker ones were evidently due to an effusion of blood in the midst of the true skin, and were therefore not modified in any way by external pressure. The spots were not in the slightest degree elevated above the surface, and were scattered pretty equally throughout the body, perhaps a little more abundant in the extremities than the trunk. The spots appeared usually at the end of twenty-four hours, but sometimes even sooner, and in some cases were visible after death, although not very perceptible during life. This was the case in those instances which terminated soon after the commencement of the attack. It may be readily believed from these remarks that the eruption was a simple exudation of blood or ecchymosis taking place beneath the skin, and similar in many respects to the spots which were sometimes visible in the interior of the body. In the cases of many patients the duration of the spots was very various—they were visible at least for a week or

* Transactions of the College of Physicians of Philadelphia, published in the American Journal of the Medical Sciences for July, 1863.

† Wood's Practice, Fifth Ed., p. 364.

two, disappearing very slowly, in the same way as the dark color of a bruise.*

"The complexion in many cases was peculiar, of a dull slightly sallow hue, but no trace of regular jaundice was perceived, nor did the countenance present the intensely red color so often observed in typhus and typhoid fever. The eye was moderately injected in some cases, but rather in the veins than the arteries, and of a dull red hue. The injection, however, did not seem to be invariably present. No trace existed of any glandular swelling or inflammation, except in one case, in which an eye rapidly passed into suppuration and was entirely destroyed.

"*Anatomical lesions.*—In one case in Manayunk, a patient of Dr. UHLER, I was enabled to see the autopsy of the whole body. The brain was found to be congested with blood, the veins containing an unusual quantity of it. At the base of the brain was an effusion of a few ounces of serum; the ventricles of the brain contained a moderate quantity of serum, but there was not a trace of any lesion produced by inflammation.

"The lungs were slightly congested at their posterior portion, but in other respects were healthy and crepitant. The right cavities of the heart contained a considerable quantity of black fluid blood, of a remarkably dark hue, with a very small and flaccid coagulum. The left ventricle was perfectly empty. On the portion of the pericardium covering the left ventricle were two spots of a deep red color, one of a quarter of an inch in breadth, the other somewhat larger, dependent upon an effusion of blood beneath the membrane. Another spot, of a rather larger size, was found beneath the serous membrane of the stomach. All these sub-serous ecchymoses were precisely similar to that found in one of the glands of Peyer, and were evidently dependent upon similar blood effusions.

"The stomach contained but little mucus, its internal coat firm and healthy, and moderately injected. The small intestines healthy throughout, except one of the glands of Peyer, in which there was an ecchymosis of blood a quarter of an inch in breadth; the large intestine was healthy. The liver was of its natural color and healthy.

"The uterus was healthy, with a small coagulum of blood attached to its orifice. Beneath the serous membrane of the stomach was a dark red spot, of a third of an inch in breadth, similar to those already mentioned, and evidently depending upon a local effusion of blood.

"The anatomical lesions thus confirmed the conclusions at which I had already arrived, respecting the pathology of the disease. That is, it is strictly a blood disorder, unconnected with any structural lesion. The internal ecchymoses of blood are precisely similar to the spots on the skin, and are evidently depending on the same cause. This fact establishes a wide distinction between them and those appearing in typhus and typhoid fevers, as well as the eruptions of the exanthemata. Although the proof of spotted fever being a blood disease is to my mind conclusive, it must not be ascribed to an impoverished condition of this fluid from innutritious or deficient food, as none of the patients whom I saw was in a condition of actual poverty, and a large majority of them belonged to a class amply supplied with all the comforts of life.

"*Duration.*—No disease has, in the fatal cases, a much more rapid course. A case terminated fatally in seven or eight hours; a number have died in from twelve to twenty-four hours. The largest number in the course of the second day. If the patient should live after forty-eight or fifty hours there is a fair chance of recovery, although fatal cases are met with after lasting for several days. In one case, even, death followed after the lapse of several weeks. The duration of cases ending in recovery is equally variable with those that are mortal. Some are convalescent after two or three days of indisposition, others last for a week or two, and in one case at the Falls of Schuylkill, a patient of Dr. SERVICE, recovery was protracted for many weeks.

"*Diagnosis.*—* * * The diagnosis of the affection, when once thoroughly understood, is not, however, difficult, for the same set of symptoms occur in no other disease. These are the sudden occurrence of intense headache and spinal pain, followed by the peculiar eruption which resembles that of no other fever, but presents a distinct resemblance to the ecchymosis of scurvy, and besides this, the rapid development of brain symptoms, that is stupor, more or less severe, and in bad cases always coma. No one who has become once familiar with this disease can possibly mistake it for any other, such as typhoid or typhus fever, or the various forms of exanthema.

"A number of my medical friends, of the highest professional standing in this city, have never yet seen examples of spotted fever. Under these circumstances some of them have been led into precisely the same error of diagnosis into which I had myself fallen with regard to my first case of this disease. Some have fancied it was a variety of typhoid fever; a larger number, of typhus fever; and one, oddly enough, of influenza. It requires nothing but actual observation to entirely dissipate all such ideas. The disease belongs to the same class as other continued fevers or exanthemata, but is just as distinct from typhoid or typhus fevers as from measles or small-pox. The two affections to which it has the closest similarity are the petechial typhus fever and some malignant varieties of scarlatina.

"The peculiar color and form of the eruption, and the development of throat symptoms in the latter affection, added to the other characters of the disease, will point out sufficiently the pathognomonic symptoms of scarlet fever. There remains, then, merely the diagnosis between spotted fever and certain varieties of typhus; for I take it as demonstrated that no one could possibly confound two diseases so perfectly distinct as spotted and typhoid fever.

"Between typhus and spotted fever, however, there are some points of resemblance; both these diseases attack subjects of any age, are nearly equally free from pathological lesions, and are each attended by a peculiar eruption. Still there are well marked diagnostic characters which mark a broad distinction between these diseases. These are as follows: in spotted fever the disease is very rapid in its course, with delirium, but rarely of an active kind; an eruption wholly different from that of typhus; less heat of skin, which is never of the burning temperature of typhus, and with none of the peculiar odor of this disease. Typhus offers a true exanthematic eruption; but I have already described that of spotted fever to be rather a scorbutic hemorrhage than a real exanthema. Besides, the duration of typhus fever is nearly as regular and as long as typhoid; whereas in spotted fever the course of the disease is irregular, and generally much shorter. The fearful difference in the mortality of the two disorders and the unequivocally contagious character of typhus fever, with the slight probability of the existence of any symptom of the same kind in spotted fever, are also additional points of diagnosis.

"In the year 1836 I was first led to study the diagnostic characters of typhus and to lay down the distinctive characters separating it from typhoid fevers.

* An eruption very similar to, if not identical with that described here appears in malignant forms of scarlet fever. See WOOD'S Practice, 5th Ed., p. 431.—ED. MED. AND SURG. REPORTER.

(*Amer. Journal*, 1837.) These are now adopted by all the physicians of the French school, and by a large number of English observers. I could not, therefore, help regarding it a most fortunate circumstance that accident had afforded me an occasion for establishing the characters of another variety of febrile disorder which, although not so common as either typhus or typhoid fever, is yet more fatal in its symptoms and course. These three varieties of fever I regard as more distinct than many cases of intermittent and remittent; and although occasionally the distinctive characters may be somewhat confused one with another, yet on the whole they are so well defined that no legitimate excuse can exist for confounding them one with another. The diagnosis of the spotted fever is, however, much better defined than that of typhus and typhoid is in all cases, for sometimes these approach so nearly in their symptoms as to render the diagnosis of them very difficult. In spotted fever no one with but a moderate power of observation could possibly confound it with the other affections; although some medical gentlemen of high professional standing have supposed it to be identical with them. The only thing which makes their opinion valueless is that they have never seen a case of spotted fever.

"*Prognosis.*—The prognosis of the disease is soon learned. If the cerebrospinal symptoms are but moderate, and the fever not very intense, the patient will certainly recover unless badly treated. The prognosis is always, however, a most serious one. At its first appearance as an epidemic it is exceedingly fatal. In different localities from one-half to two-thirds of those attacked have fallen victims; in one locality I have been told the mortality was even greater, nearly all attacked having died. When a proper system of treatment is adopted, a favorable prognosis may often be made. If, however, the poisonous cause of the disease acts with great energy, rendering the patient comatose within a few hours, the prognosis is very serious if not necessarily fatal.

"*Treatment.*—* * * The most important remedies, however, are stimulants—whisky, brandy, and the like, and quinine given in doses of a grain every hour. Sometimes as much as two grains every hour may be administered for a short time. The quantity of brandy used is sometimes very large—at least a tablespoonful every two hours, or even every hour. In others a much less dose will be ample; that is, the same rule should be observed in the treatment of this disease as in many cases of typhus fever; stimulants should be given in such quantities as the peculiar symptoms of the individual case and the special condition of the patient may require. It is, of course, impossible to fix any precise quantity as the dose which is required; but a certain proportion of wine or some alcoholic stimulant has been necessary in every case which I have seen. Other stimulants are doubtless often of service, such as ammonia, ginger, &c., but as none of them is equal to some alcoholic preparation, they are of comparatively little value in so rapid a disease as spotted fever.

"The necessity for stimulation is based upon the rapid loss of force which takes place in this disease. To so great a degree does this exist that I have not seen good effects from even local abstraction of blood which was prescribed in a few cases by physicians who had been in attendance on several of the patients. This view of the effect of bloodletting is confirmed also by the pathology of the disease. It is not an inflammatory disorder, but obviously depends on an altered condition of the blood, which cannot be cured by diminishing its quantity, but on the contrary the true treatment of the affection depends upon the curative efforts of the system, which is to be supported instead of enfeebled during the process. * * * * * * * * *

"If vomiting does not occur spontaneously, it is well to bring it about by a draught of warm water or a mild dose of ipecacuanha. The reason for this treatment is based upon the fact that the natural emesis should be regarded as a spontaneous mode of relief, or perhaps it may be caused by the necessity felt by the stomach to free itself of a quantity of matter which it cannot digest. This necessity is much more obvious in this disease than in most other affections, from the suddenness of the attack, which often strikes individuals in perfect health, without being preceded by the usual prodromes of disease.

"Purgatives should not be trusted to; they would much annoy and enfeeble the patient without doing good. An enema may be given at the commencement and a light laxative soon afterwards; but this is merely for the purpose of unloading the bowels, not for having any special action on the disease. The food should, of course, be at first limited to diluent drinks; but if the disease last over a day or two I would give the patient essence of beef or some equally nutritious substance.

"It is thus perfectly plain that the mode of treatment is based entirely upon a conviction that the important indications are to keep up the strength of the patient, and to combat, as far as possible, local symptoms until the poison causing the disorder should be eliminated from the body. It is worse than useless to diminish the strength of the patient, for upon this we depend to carry him safely through the disease. This mode of treatment, I may state, has been generally followed by physicians who at first had been much less successful with the ordinary remedies used in the management of many acute disorders."

Dr. Lamb gave the history of several cases that came under his observation in Frankford. He says:

"In describing the anomalous disease which has recently given so much alarm in some of our suburban villages, it may be very proper to describe the general aspect or physiognomy of the patient, which is so remarkable, that when once seen, similar cases cannot be easily mistaken. It would be very difficult to describe the anxiety and intense suffering exhibited in the countenance of the patient. The jactitation is incessant, and the suffering without intermission. I will endeavor to describe some of the most striking cases as they were presented to my observation. * * In the few cases which have come under my care, I have seen no decided response to any remedial agent where the head was the chief point of attack."

A Singular Spectacle in Battle.

At the battle of Stone River, Tenn., while the men were lying behind a crest waiting, a brace of frantic wild turkeys, so paralyzed with fright that they were incapable of flying, ran between the lines and endeavored to hide among the men. But the frenzy among the turkeys was not so touching as the exquisite fright of the birds and rabbits. When the roar of battle rushed through the cedar thickets, flocks of little birds fluttered and circled above the field in a state of utter bewilderment, and scores of rabbits fled for protection to our men lying down in line on the left, nestling under their coats and creeping under their legs in a state of utter distraction. They hopped over the field like toads, and as perfectly tamed by fright as household pets. Many officers witnessed it, remarking it as one of the most curious spectacles ever seen upon a battle-field.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JULY 25, 1863.

WOUNDED HEROES,

And how they are cared for.

The testimony is universal, that those who fought at Gettysburg, in this State, in the early days of this month, were heroes. They exhibited a valor and steadiness that will make that battle memorable in all time. The battle was bravely fought on both sides. The insurgent troops fought with desperation, but without avail, and were compelled to leave most of their wounded in the hands of the National troops. As the result of such fighting, continuing over three days, the number of casualties was very great. The estimated number of wounded on the field on Monday the 6th, was 20,000, of whom about 12,000 were National, and 8,000 were insurgent troops. Besides these, the Richmond papers report the arrival of six to eight thousand wounded, removed from the battle-field by Gen. Lee. This will give an idea of the desperate character of the contest.

The immediate wants of the wounded soldier are Attendants and Supplies. Our own theory is, that Government should supply *all* the wants of the soldier in these circumstances, they being the legitimate result of his original enlistment in the service. But, for reasons of which we are ignorant—wise ones though, we doubt not—the wants of the wounded soldier are very inadequately supplied by Government. This is the testimony, we believe, of every one who visits the battle-field, and it is admitted by the acceptance and official acknowledgment of volunteer services in the care of the wounded, and of immense stores of supplies, the voluntary contribution of private benevolence and patriotic feeling, but for which, it is universally conceded, the wounded would suffer greatly.

It is the duty of the Ambulance Corps, or of a detail of soldiers from the ranks, to bear the wounded from the battle-field to a place previously selected, and protected by a hospital flag, where his immediate physical wants are attended to. Much was said in the early part of the war about the establishment of an independent Ambulance Corps, and if we remember rightly, Congress passed a law on the subject. It does not, however, appear that the reasonable expectations of the country in this regard have been met in the manner originally proposed. The testimony that we have would go to show, that the wounded in the late battles were mostly removed by details of soldiers for the purpose—thereby weakening, and to a certain extent disorganizing the army—or, they were left to suffer, and often to die where they fell. It is undoubtedly a duty the country owes the soldier, to have him removed to a hospital, by some means, immediately after he is wounded.

Then begins the attendance to his physical necessities. The wounded man's first want is water, a liberal supply of which should be provided as soon as a battle begins. Surgical aid is wanted at once, and in battles like that we have been commenting on, where the wounded are numbered by thousands, the ordinary quota of Surgeons in an army is insufficient to meet the demand. On several occasions the deficiency has been made up by calling in volunteer Surgeons, without any system or order, and they have rushed by hundreds to Washington, at a heavy sacrifice of time and money, to be snubbed, and their services refused after they arrived, in response to an earnest call. It was then proposed that the Surgeon-General should select a few prominent civil Surgeons in different parts of the country, who should be called upon to report themselves with a definite number of volunteer Surgeons each, in the emergency of a great battle, at whatever point might be designated by the Surgeon-General. But nothing seems to have been done, and one of the most sanguinary contests of the war has again occurred without adequate provision having been made for the care of the wounded. Offers of volunteer surgical aid were declined, on the ground that the arrangements were ample, which there is abundant testimony to show was not the case. It is certainly perpetrating a great wrong against our soldiers to have them suffer on the battle-field for lack of surgical attention, when a very little forethought and management would promptly secure for them

the services of the best surgeons in civil life in the country. Our own troops suffered during and immediately after the late battles for want of surgical attention, but their sufferings were light compared to those of the thousands of wounded rebel soldiers who were left on the field by Lee's retreating army, with scarcely any provision made for them—no medical stores of any kind, and but about half a dozen surgeons to attend them. Says one who was on the battle-field:*

"The splendid victory of our troops made every available soldier necessary in the pursuit of the flying, but not routed or demoralized, and still dangerous foe. Only one-third of the Surgeons, ambulances and wagons could be left from each corps in care of our wounded, and no detail of well men to nurse them. Add 6,000 rebel wounded, deserted by all but five of their own Surgeons, and one can see the inevitable misery of the situation.

"There was most inadequate supplies of coarse food, and none of suitable and delicate food within the reach of the hospitals. Beef and hard tack were the only things in tolerable abundance. Transportation for the wounded from worse to better quarters, and of supplies, was necessarily very scarce, and was a chief source of distress. The roads were thronged with wounded men, here on canes and there on crutches, not seldom with amputated arms, and heads still bleeding, making their way on foot from the corps hospitals two three, and four miles, to the depot. At the hospitals themselves at first, the spectacle was intensely wretched. Men with both legs shot off—shot in the eye, the mouth, both hands gone, or one arm lost, were laying in rows that seemed pitiable and in wonderful patience, fortitude and patriotic pride, facing their sufferings. The rebels, as was just, had to wait their turn for having their wounds dressed, or their limbs amputated till the Union men had been cared for; then they were treated with equal kindness and attention. Many, after six days, were looking forward as to an unspeakable blessing, for the amputation of their shattered limbs."

The next wants of the wounded soldier are stimulants, cordials, proper food, and clothing. The first supply of these was brought by the Sanitary Commission, Adams' Express Company, the Christian Commission, and by the people living in the neighborhood. Unfortunately, a four-horse team of supplies that had been sent forward by the Sanitary Commission, in anticipation of a battle to be in readiness, was captured by the rebels, and caused some delay in supplying the wants of the wounded, and it was not until *six days* after the battles commenced that adequate supplies arrived on the ground.

The following statement of the labors of the Sanitary Commission, taken from a note published by Rev. Dr. Bellows, the President of the Commission, will serve to give some idea of what was accomplished by the agencies referred to above. Dr. Bellows says:

"In addition to its very large distributions to the hospitals, the Commission has a relief station at Gettysburg, at which about one thousand wounded men daily obtain special personal assistance of various kinds, and at which proper sustenance is provided for all patients leaving by the railroad. Fifteen persons, with special supplies for the purpose, are employed by the Commission to take care of the wounded while on the cars between Gettysburg and Baltimore. Two or more rail cars are sent daily with supplies from Baltimore to Gettysburg, and at least one is daily sent with supplies for the hospitals at Washington. The Commission has sent from Baltimore to Gettysburg since the battle over 20,000 pounds of fresh bread, 20,000 pounds of fresh mutton and poultry, 10,000 pounds of condensed beef soup, 9,000 pounds of condensed milk, 5,000 pounds of fresh butter, 10,000 dozen of fresh eggs, five tons of fresh vegetables, 4,000 pounds of sweet chocolate, 4,000 pairs of shoes and slippers, one ton of tamarinds, 300 hundred boxes lemons and oranges. Of jellies, farinaceous food, wines, spirits, cordials, sponges, towels, lint bandages, socks and hospital clothing—many car-loads."

Again, Dr. Bellows says:

"The terrible destitution of many of the rebels will not bear description. It was too horrible for recital. Had it not been for the unwearied labors of the people of Gettysburg and the neighboring towns, particularly York, the sufferings of these wounded men must, in thousands of cases, have ended in early death. The farmers and townfolk sent large supplies to the Christian Commission, in addition to their own copious stores, which, by the aid and force of two hundred volunteers, chiefly ministers, were rapidly and efficiently distributed. Some thousands of tired and hungry soldiers were fed at their saloons of refreshments. The wounded men had letters written for them home, and received religious counsel and support to a most gratifying extent. I desire to give the strongest expression to my own sense of the enterprize, zeal,

* Rev. Dr. Bellows, President U. S. Sanitary Commission.

and blessedness of the labors of this sister institution on the battle-field of Gettysburg."

The services thus rendered, particular by the Sanitary and Christian Commissions, were handsomely acknowledged by Surgeon-General HAMMOND in notes to Rev. Dr. BELLOWS and GEORGE H. STUART, Esq., the Presidents. The soldiers and the country are under lasting obligations to these commissions for their labor of love in the army, but we cannot see that this relieves the Government from an iota of its responsibility to the wounded soldier.

While these organizations are thus engaged in supplying the wants of the wounded and sick soldier, they should be sustained by liberal contributions of money and supplies.

Notes and Comments.

Surgeons Wanted.

It is stated that Surgeons are wanted for the United States Navy. Those wishing to enter this service must make application by letter to the Secretary of the Navy, who will give them whatever information they need. The Navy of the United States is rapidly growing in importance, and the service is honorable, and free from many of the objections attendant on the army service.

"Eminent Members of the Profession."

We would inform a correspondent on another page, and other inquirers, that all the "eminent members of the profession" would seem, according to the opinion of the Surgeon-General, to be in the army. He issued a circular of inquiry, addressed to "eminent members of the profession," which was speedily followed by an explanatory note from Assistant Surgeon-General SMITH, saying that the circular was only to be sent to surgeons in the army, and the Surgeon-General's organ says it is all right that it should be so. An additional officer would seem to be needed at the Surgeon-General's office to "explain" his orders.

Appointment.

We are glad to learn that our intelligent young friend, Mr. HERMAN BAUER, of Brooklyn, N. Y., has received the appointment of Medical Cadet, U. S. A. Mr. BAUER has been ordered to the University Hospital, New Orleans, and has already entered on his duties.

Correspondence.

DOMESTIC.

MALIGNANT SCARLATINA: Spotted Fever.

GORDON, DARKE CO., OHIO,
July 18, 1863.

EDITOR MED. AND SURG. REPORTER:—There is a great deal of anxiety manifested at the present time about a certain new disease as it is considered by some, which has received the appellation of *Spotted Fever*. It is probable if this disease were traced from its milder forms to the more severe, some safe clue would be obtained to its correct classification.

We have had prevailing in this neighborhood, for some time, a milder affection, which appears to me allied to this more serious malady. Its ordinary symptoms were those of infantile remittent, but it presented the anomalies of sore throat, elevation of papillæ of tongue, and at the close a paralytic condition of the hemiplegic order.

Retaining these symptoms still, suddenly I perceived in the more aggravated type, this affection manifesting an exanthematous eruption, a rash resembling that of scarlet fever. The red points of this eruption gradually became blended into one, over spaces of an inch or more, and became purple in color and plainly hemorrhagic in character.

The scarlatinal rash did not gradually fade as it would in the ordinary disease, or recede as it does in the severer forms, nor did this purple discoloration manifest itself in the beginning as it more generally does in the fatal cases of this fever. The inflammation did not extend to the nares; rather the lids of the eyes were affected; no coryza or discharge from nostrils or eyes. In addition, there was still present the perplexing paralytic condition of right side, and the head was temporarily thrown back, as a writer in your journal describes.

Such was the disease in its graver form, which with me proved fatal. I assumed it to be a case of malignant scarlet fever, and accounted for the hemiplegia by supposing it of a rheumatic nature; this latter supposition not precluding the diagnosis of scarlatina.

A subsequent case seen this morning and presenting the complication just referred to, in the acme of the disease, by the transmutation which this complication underwent after it was first seen, has convinced me that this apparent paralysis is simply rheumatic. I find it diffused in a mere soreness over the whole body, and described to me as simply a soreness making the patient very sensitive to every kind of muscular movement.

I prescribed hypo-phosphite of soda in ten-grain doses every three hours.

Looking at the last number of the *American Journal of the Medical Sciences* published in your city, you will find one of the writers, in a discussion upon this

disease, represented the rash in the beginning as simply an exanthem of the ordinary scarlatinal description. This point is very important. Hereby is shewn plainly the scarlatinal progression or outset and development into more serious malady, now making the impression upon the profession of the invasion of a new disease.

You will perceive that the sketch given above presents characteristics of their diseases generally considered distinct, viz.: Erysipelas, Diphtheria, and Scarlatina.

At one time, or in one form, the erysipelatous character predominates, in another the diphtheritic, and in the graver type of the malady, the scarlatinal.

This latter in some cases being so anomalous as to impress the physician with the apprehension that he had to deal with a new disease.

In this last case probably, in consequence of the complications referred to, the usual treatment of scarlatina is inefficacious.

It must be distinctly remembered that there is no *tumefaction* of tissues affected with the eruption in any case, nor any tenseness to the touch.

That the several types or forms of diseases are one will be apparent from the manifest and easy transition observable.

The fusion of distinct diseases is no new thing, but to get at the malady which forms the real or more substantial ground work of the indisposition is no easy task—*Hic labor est.*

It will be found, I think, upon a closer scrutiny of this "new disease,"—so called, to wit.: spotted fever,—when gradually traced that it is a simple scarlatina maligna in its character, and rendered anomalous by the complications referred to.

I think it necessary to tell you, Mr. Editor, that the vaunted scarlet fever remedy, sesqui carb. ammonia, entirely failed to influence the progress of the graver cases.

Henry Oliver, M. D.

P. S.—Quinia rather aggravates than relieves the disease, increases delirium, produces spasms, accelerates coma. Turpentine I have not tried, nor any of the mineral acids. Purgation, of course, is excluded by early prostration.

News and Miscellany.

Pension Examining Surgeons.

New Hampshire—Drs. O. H. Bradley, Jaffrey; John Clough, Lebanon.

Vermont—Dr. Sam'l P. Danforth, Royalton.

Massachusetts—Dr. James M. Underwood, Abington.

New York—Drs. Wm. H. Johnson, Johnstown; O. Otis, Ellenville.

Michigan—Dr. Louis W. Fasquelle, St. Johns.

Indiana—Dr. S. W. Vance, Connersville.

West Virginia—Dr. Joseph H. Hoff, Point Pleasant.

Discharges from the Army.

It is stated that the returns in the Medical Director's office shew that since the war commenced 135,000 soldiers have been discharged from the army on surgeons' certificates. This does not, of course, include any one whose time was out, but comprises those whose health and physical inability to be a soldier prevented them from being of service in the army.—*Army and Navy Gazette.*

Changes.

Surgeon Horace R. Wirtz has been assigned to the Medical Department of the South, and ordered to relieve Surgeon C. H. Crane.

Army Hospitals in Philadelphia.

During the week ending July 18, 2,642 soldiers were admitted into the hospitals of this department; 232 were returned to duty, 17 were discharged, 14 died, and 94 were mustered out of the service. The number remaining is 10,881, distributed as follows:

West Philadelphia	3930
Chestnut Hill	2851
Nicetown	1117
Broad and Cherry	693
Summit House	665
Filbert Street Convalescent	430
Turner's Lane	293
South Street	264
Christian Street	213
Chester	183
Sixty-fifth and Vine	119
Broad and Prime	65
Camac's Woods, (Officers)	50
Islington Lane	8

Origin and Age of Man.

An ethnological controversy has been going on for some time among the savans of Europe. Some of the discussions have been carried on with considerable warmth, and sometimes not very creditably to the temper of the disputants. The following burlesque copied from the *London Times*, we find in the *Dublin Medical Press*. Our readers will recognize the names of prominent ethnologists and palaeontologists:

A Sad Case—Mansion House—April 23, 1863—(*Before the Lord Mayor.*)

T. H. Huxley, well known about the town in connexion with monkeys, and Richard Owen, in the old bone and bird-stuffing line, were charged by policeman X. with causing a disturbance in the streets.

The prisoners exchanged glances of such a character that it was thought prudent to keep them separated in the dock.

Policeman X., being sworn, stated as follows:—My attention was called to the prisoners by a crowd of persons, who seemed much excited—they appeared to take sides, and some were for Owen and some for Huxley. On coming near I saw Huxley snapping his fingers at Owen, and telling him he was only a little better than an ape; he seemed dreadful angry, and would have done Owen some bodily harm if I had not been near. He told Owen he had quite as much brains as he had, and he called him some awful names. Must I repeat the bad words your worship?

Lord Mayor—Certainly. You *must* state what he said.

Policeman X.—Well, your worship, Huxley called Owen a lying Orthognathus Brachycephalic Bimanous Pithecus; and Owen told him he was nothing else but a thorough Archencephalic Primate.

Lord Mayor—Are you sure you heard this awful language?

Policeman X.—Yes, your worship, and some more I could not exactly understand.

Lord Mayor—Did you see any violence used?

Policeman X.—Yes, your worship. Huxley had

got a beast of a monkey, and he tried to make it tread on Owen's heels—and said 'twas his grandfather—and like him—and just the same breed and all that; and some gentlemen cheered and said "Bravo."

Lord Mayor—Did you see the man Huxley actually put the monkey on the other prisoner—was there no interval between them?

Policeman X.—He put the beast so near as ever he could; he tried to make him go quite close but he could not, and he kept singing out, "Look at 'em, a'nt they like as peas?"

Lord Mayor—Did Owen appear much annoyed by this outrage?

Policeman X.—He behaved uncommon plucky, though his heart seemed broke. He tried to give Huxley as good as he gave, but he could not, and some people cried "Shame," and "He's had enough," and so on. Never saw a man so mauled before. 'Twas the monkey that worritted him, and Huxley's crying out, "There they are—bone for bone, tooth for tooth, foot for foot, and their brains one as good as t'other."

Lord Mayor—That was certainly a great insult.

Huxley—So they are, my lord, I can show——

Here a scene of indescribable confusion occurred. Owen loudly contradicted Huxley; the lie was given from one to the other; each tried to talk the other down; the order, "Silence!" was unheeded; and for a time nothing could be heard but intemperate language, mingled with shouts of "Posterior Cornu," "Hippocampus," "Third Lobe," &c. &c. When order was restored, the Lord Mayor stated that, in all his experience, he had never witnessed such virulent animosity among costermongers.

The Lord Mayor here asked whether either party were known to the police.

Policeman X.—Huxley, your worship, I take to be a young hand, but very vicious; but Owen I have seen before. He got into trouble with an old bone man, called Mantell, who never could be off complaining as Owen prigged his bones. People did say that the old man never got over it, and Owen worritted him to death; but I don't think it was so bad as that. Hears as Owen takes the chair at a crib in Bloomsbury. I don't think it be a harmonic meeting altogether. And Huxley hangs out in Jermyn street.

Lord Mayor—Do you know any of their associates?

Policeman X.—I have heard that Hooker, who travels in the green and vegetable line, pats Huxley on the back a good deal; and Lyell, the resurrectionist, and some others who keep dark at present, are pals of Huxley's.

Lord Mayor—Lyell, Lyell; surely I have heard that name before.

Policeman X.—Very like you may, your worship; there's a fight getting up between him an' Falconer, the old bone-man, with Prestwich, the gravel sifter, for backer.

Owen—He's as bad as any of 'em, my lord. I thought he was a friend of mine, but he's been saying things of me as I don't like; but I'll be even with him some day.

Lord Mayor—Silence! Have you seen the prisoners in the company of any ticket-of-leave men?

Policeman X.—No, your worship; but from information I have received, I believe Huxley is one of the same set with John William Natal, or some such name, for he is one of those chaps as has got a lot of aliases, who has lately returned from abroad. John's been kicking up a pretty row, he has.

Lord Mayor—I desire you to bring him before me if you detect him in creating any disturbances.

Policeman X.—Oh! your worship, there's plenty trying to catch him; but he's so artful they can't trap him no how. They wanted to take his ticket from him, but they could not; then they tried to coax him to give it up, but he would not; not he. You see when he was across the water, he took to the bush and got in with the savages, and tried to come over them, but one of the Kaffirs gave him such a topper that he's never been the same man since.

Lord Mayor—You have not seen them together?

Policeman X.—No, your worship; but I believe they are both tarred with the same brush.

As there appeared to be no case against Owen, he was allowed to be sworn. Hereupon Huxley demanded to be sworn likewise, but Owen objected, declaring that it was impossible to swear a man who did not believe in anything, and Huxley declared it was equally impossible to swear Owen. Owen, however, was directed to take the book in his right hand, whereupon Huxley vociferated, "He does not know a hand from a foot." An angry altercation ensued between the parties, amidst the din of which the words, "peronœus longus," "moveable toe," "thumb," "astragalus," and "short flexor," could be distinguished. The Lord Mayor addressed both parties, and declared such violent conduct was scarcely human, at which Huxley laughed and Owen looked grave. He then gave his evidence as follows:—

I knew the prisoner in former years. We were both in the same business, and I looked upon him as a quiet well-meaning man. But since he has risen in the world, he has become highly dangerous, so much so, that I am willing to believe his conduct proceeds from diseased brain.

Here the Mayor called upon Dick Owen to come at once to the point.

Owen proceeded—For the last two years my life has been a burden to me. That fellow Huxley has got new pals, Charlie Darwin, the pigeon-fancier, and Rollstone, and others of that awful lot; and he waylays me in public, and throws dirt at me. Indeed he has hit me very much about the head, very hard indeed; and he tries to make believe that I don't know my trade; and that he can teach me; and he tries to make me ridiculous in the eyes of the public, and I can't bear it. And lately I went down to Cambridge, and who should I see there but that Tom Huxley and his low set, and they all attacked me at once—

[Here the Mayor directed the witness to keep to the point.]

Owen continued,—I could live well enough if you could only keep that beastly monkey away from me, and make Huxley hold his tongue about comparing our brains. Indeed, continued Owen, how would you like to be told in public that physically, morally, and intellectually you were only a little better than a gorilla?

Huxley was now called upon, and said as follows:

Me and Dick is in the same line—old bones, birdskins, offal, and what not.

The Mayor—Do you mean the marine store line?

Huxley—No, your worship; that's Bowerbank and Woodward's business. Well, as I was saying, we was in the same line, and comfortable as long as Dick Owen was top-sawyer, and could keep over my head, and throw his dust down in my eyes. There was only two or three in our trade, and it was not very profitable; but that was no reason why I should be called a liar by an improved gorilla, like that fellow.

[Here the Mayor cautioned the prisoner.]

Well in my business I put up monkeys, and the last monkey I put up was Dick Owen's.

[Here the Mayor declared, on the repetition of such language, he would at once commit Huxley.]

Well, as I was saying, Owen and me is in the same trade; and we both cuts up monkeys, and I finds something in the brains of 'em. Hallo! says I, here's a hippocampus. No there ain't, says Owen. Look here, says I. I can't see it, says he; and he sets to werriting and haggling about it, and goes and tells everybody as what I finds ain't there, and what he finds is, and that's what no tradesman will stand. So when we meets we has words. He will stick to his story, your worship, he won't be right himself,

nor let any body else be right. As to this here monkey business, I can't help the brutes treading on his heels. If he was to go forward more, why you see he'd be further off from the beast; but he's one of these here standstill Tories, what they call the orthodox lot, as never moves forward. If he'll keep his tongue in his head, why I'll keep mine; but he shan't have the last word, or my name's not Tom Huxley.

[The Lord Mayor having tendered advice to the disputants, they were liberated.]

Fossil Man.

Not long since, in some remarks upon the *Antiquity of Man*, we alluded to the discovery of M. Boucher de Perthes in the ancient drift deposit of the Somme valley, of flint implements wrought by the hand of man and associated with the bones of extinct mammalia, namely, Elephas primigenius, the cave-bear, cave-hyæna, &c. On the 28th of March, this same indefatigable gentleman, while engaged in his explorations, was fortunate enough to find the only link wanting to complete the chain of evidence as to the authenticity and importance of his previous labors, for in the high, level gravel beds of Moulin-Quignon near Abbeville, and beneath a layer of rough flints, he found a human jaw. This discovery, of so vast importance both to anthropology and to geology, necessarily produced great excitement in the scientific world, and strong doubts as to its authenticity were expressed by men of science in England. On May 15th, a congress of palæontologists was held at Abbeville, and the whole evidence in the case was thoroughly examined. The English men of science present, Dr. Falconer, Mr. Prestwich, and Prof. Busk, who had previously been loud and strong in their statements as to its falsity, were obliged to admit the accuracy of the views of such men as Milne-Edwards, Quatrefages, Lartet and others, who had never doubted the authenticity of the specimen. The following are the conclusions arrived at, unanimously, by the commission:—"1. That the jaw found at Moulin-Quignon by M. Boucher de Perthes is really fossil. 2. That it was extracted by that gentleman himself from this virgin and undisturbed bed. 3. That the flint implements which had been said to be fabricated by the workmen are incontestably ancient."

The specimen, which is said to resemble the jaw of the Esquimaux more than that of any other race now living, is thus described by Prof. Busk:

"The black coating was washed off readily by means of a sponge, and the residuary spots in the minute hollows were removed by the aid of a tooth-brush. The general color of the washed surface was a light buff, mottled with brown stains. The outer surface was tolerably smooth, presenting little indication of the erosion commonly seen in old buried bones. There was no appearance of dendritic patches either on the exterior or within, and no infiltration of metallic matter. The substance of the bone was dry and friable, especially towards the alveolar border, but, on the whole, it was tolerably firm under the saw, and the fresh section afforded a distinct odor of sawn bone. The internal cancellated structure was of a faint brownish tinge, and the cells were free from any incrustation. The most remarkable appearance observable in the section was the lining of the dental canal with a thin layer of fine gray sand, free from any admixture with the black metallic matrix which blocked up the orifice of the canal below the condyle. The section of the fang showed that the dentine, so far as exposed, was white, and in no respect different from that of a recent tooth. The enamel was white and brilliant. The socket towards the upper part was not completely filled by the fang, and the interval was partially occupied by black matrix and sandy particles."—*Boston Med. and Surg. Journal.*

MARRIED.

Grant—Manice.—On Saturday, July 18, in Oatlands, L. I., by Rev. Dr. Montgomery, of New York, Dr. G. Grant, Surgeon U. S. Volunteers, of Newark, N. J., and Caroline A, daughter of the late De Forest Manice.

McLean—Graman.—In the First Congregational Church, Norwalk, Conn., on Monday, July 13, by Rev. Mr Pierson, J. W. McLean, M. D., of Norwalk, and Hattie L., eldest daughter of C. J. Graman, of the same place.

DIED.

Stevenson.—In Morristown, N. J., on Thursday, July 16, Philip Edward, son of Dr. R. W. and Ellen L. Stevenson, aged 5 years and 6 months.

METEOROLOGY.

July	13,	14,	15,	16,	17,	18,	19.
Wind	S. E.	S. E.	S. W.	S. E.	N. E.	S. W.	S. W.
Weather	Cl'dy.	Cl'dy. Rain.	Cl'dy.	Cl'dy. Sh'wr Th'dr Li'ng.	Cl'dy. Rain. Th'dr Li'ng.	Cl'dy. Rain.	Clear.
Depth Rain		2-10			8-10	5-10	
Thermometer							
Minimum	70°	66°	71°	70°	64°	61°	62°
At 8 A. M.	75	70	75	76	67	67	71
At 12 M.	77	75	82	83	74	74	80
At 3 P. M.	76	80	84	76	71	75	80
Mean	74.5	72.7	78	76.2	69	69.2	73.2
Barometer.							
At 12 M.	30.1	29.9	30	30.1	30.2	30.3	30.2

Germantown, Pa. B. J. Leedom.

VITAL STATISTICS.	Philadelphia. Week ending July 18.	New York. Week ending July 11.	Baltimore. Week ending July 11.	Boston. Week ending July 11.	Providence. Month of June.
Population in 1860	565,529	805,651	212,418	177,812	50,666
Mortality.					
Male	235	232	61	40	52
Female	153	235	44	32	31
Adults	148	168	32	34	48
Under 15 years	227	.....	73	...	32
Under 2 years	187	203	48	...	8
Total	388	467	105	72	83
Deaths in 100,000	68.60	57.96	49.43	40.49	40.49
American	306	232	...	54	43
Foreign	61	135	...	18	40
Negro	19	6	19	...	1
Zymotic Diseases.					
Cholera, Asiatic	...	...	...	...	...
Cholera Infantum	76	53	17	4	...
Cholera Morbus	2	5	1	...	...
Croup	4	10	3	1	2
Diarrhœa	14	17	1	...	...
Diphtheria	5	10	3	1	1
Dysentery	2	5	3	4	...
Erysipelas	1	4	...	...	1
Fever, Intermittent	...	...	1	...	...
Fever, Remittent	...	...	...	...	...
Fever, Scarlet	5	9	3	2	...
Fever, Typhoid	1	11	...	4	2
Fever, Typhus	...		...	...	...
Fever, Yellow	...	...	...	...	...
Hooping-cough	1	...	...	1	..
Influenza	...	...	...	...	...
Measles	4	7	...	...	1
Small Pox	1	...	4	...	...
Syphilis	...	...	...	...	...
Thrush	...	...	...	...	...
Sporadic Diseases					
Albuminuria	1	...	...	...	...
Apoplexy	3	9	1	1	4
Consumption	35	55	6	9	14
Convulsions	19	17	2	2	3
Dropsy	15	29	6	6	1
Gun-shot Wounds	38	...	...	...	...
Intemperance	...	...	...	...	2
Marasmus	25	21	...	3	1
Pleurisy	...	...	...	...	1
Pneumonia	4	21	...	3	7
Puerperal Fever	1	...	...	1	2
Scrofula	1	...	1	...	1
Violence and Acc'ts	9	48	3	4	...

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Original Department.

Communications.

DEATH;

Causes which produce its sudden occurrence in Pulmonary Tuberculosis.

By A. P. Dutcher, M. D.,

Of Enon Valley, Lawrence County, Pennsylvania.

As cold is the absence of heat, and darkness of light, so is death the absence of life. Man, unenlightened by Divine revelation, has wearied his mind in attempting to solve the problems of life and death. Science has never detected that subtle agent which gives life, power, elasticity, and beauty to the human form; neither has it developed those laws by which death claims his victim, after a brief and troublesome existence. It is true, physiology teaches us, that according to the laws of development and growth, every living creature has its period of infancy, youth, maturity, and decline. And that all these periods, or rather changes in the system, occur as the result of certain fixed laws, that the Creator of all things has ordained; development and growth on the one hand, degeneration and decay on the other—life and death—both as mysterious as they are incomprehensible. And the benighted materialist is ready to ask, "Why do I live?" "Why has nature demanded so dread a penalty for a few fleeting moments of my existence?" "I shudder in silence at the inscrutable destiny of creation."

But away with such gloomy thoughts, turn your eyes from nature's darkness to the path of life, a beam of light from the Celestial Throne is streaming upon it. Listen to that cheering voice: "I am the resurrection and the life." "I have dispelled the darkness of the tomb and brought life and immortality to light." Wonder not, then, at the inscrutable destiny of man. Death is not an eternal sleep. The day-star of hope now gilds the passage to the grave, and faith, like the rainbow of promise spans the dark river of dissolution. Death to the man of faith is not a "leap into the dark. He knows that it is the termination of his earthly pilgrimage, *but not the end of life.* He feels that there is a glorious immortality beyond. Nature speaks to the senses alone; hence the materialist is bounded in his vision and desires by the things of time. He sees nothing beyond, life is a mystery, and death the greatest of evils. But not so with the spiritual man, he looks forward to another state, and considers each moment that he lives as big with the destinies of eternal ages; life is, therefore, to him a profound reality, and death but the prelude to a life that will never end.

But some criticising and irreligious doctor may be ready to ask, what has all this to do with the causes of sudden death in phthisis? In some respects nothing, and in others much. Physicians are men, and they are accountable for their actions to the same Almighty Judge that other men are, and it is just as important that they should have correct notions of life and death as other men, that they may make a wise improvement of the former, that they may be fully prepared to meet the latter. How often is it the case that in the exercise of our vocation, we exert every faculty to save the lives of others, and when unsuccessful mourn over their untimely fate, and never think for one moment that we too must die. It is a gloomy subject to contemplate I know. To die; to be separated from all the things in which we have found occupation, if not enjoyment; to close our ears for ever upon the busy hum of life; to shut our eyes upon the verdant fields of earth, the glorious heavens, and the shining sun; and lie down in the silence and corruption of the grave, is indeed an appalling reflection, and it is no wonder that we shrink from its contemplation. But this is no reason why we should banish its thoughts from our minds. Death will come. Nothing can hinder the event. To be prepared to meet it, we should make it a subject of frequent reflection. In this way it may be disarmed of half its terrors.

But we were to treat of its sudden occurrence in phthisis. In this disease the cord of life is not generally very abruptly sundered. The patient frequently has months to prepare for death. The wasting away of the frame is so gradual, and the suffering attending it so inconsiderable, that he is not aware of his danger until he feels his life departing on his expiring breath.

The average duration of phthisis has been set at eighteen months, but in very many instances it is not prolonged to half this period, death supervening suddenly from accidental complication, such as:

1. Cerebral apoplexy.
2. Perforation of the pleura.
3. Perforation of the intestines.
4. Bursting of a large abscess into the bronchia.
5. Sudden and profuse hæmoptysis.
6. Acute pleurisy, pneumonia and catarrh.

I.—Cerebral Apoplexy.

Every physician who has been much in the practice of treating individuals suffering under pulmonary tuberculosis, must have occasionally met with instances of the sudden termination of this disorder, by the supervention of this fatal complication. The symptoms which precede the accident are commonly very obscure. The patient will sometimes complain of slight pain in the head, inability to sleep, and a loss of intellectual power, but aside from these complaints there is nothing to call particular attention to any special brain trouble.

Three years since I had under my care a man aged 35, of the nervous bilious temperament. He had a hereditary title to phthisis, his father and mother having died with the malady. He had suffered with marked symptoms of pulmonary tuberculosis for about four months. He was still, however, able to attend to his business most of the time; complained chiefly of weakness, and a cough which troubled him at night, preventing sleep. Of late he had emaciated considerably, and his friends had discovered a marked change in his disposition; naturally he was passionate and violent in his temper, but now he was mild as a lamb, and his countenance wore an expression of great tenderness.

One morning, just after rising, he had an apoplectic paroxysm. I did not see him until three hours afterward. He had partly regained his mental faculties; but could not speak. He appeared to hear as well as common, and answered all our questions by physical signs. There was also paralysis of the right arm and lex. He could not protrude his tongue but a short distance beyond his lips, and its point was directed toward the right side of the mouth. During the remainder of the day and succeeding night he rested well, took food and medicine without difficulty.

The next morning, while I was seated by his bedside, about the same hour, he was suddenly seized with the most violent convulsions. His face and eyes twitched with the greatest rapidity in almost every possible direction; his countenance at first was quite flushed, but in a few seconds became very livid; the respiration at first was very rapid, but soon was almost suspended; whenever air was expired the cheeks flapped outward; the pulse could scarcely be felt at the wrist, while the carotids were pulsating most violently, and the jugular veins were very much engorged; the pupils were dilated, and the limbs flexed, but their muscles were not rigid. In less than five minutes from the commencement of the seizure, the respiration ceased, and the patient was dead.

Post-mortem showed extensive tubercular softening in the superior lobe of the left lung, with limited, crude tubercular indurations in the right. The left hemisphere of the brain near its central connection, was found very much softened, its structure was larcerated, and a large apoplectic clot, weighing two ounces, was removed. The pathological character of the softening was tubercular; granulated nuclear corpuscles of an ovoid or somewhat irregular shape, interspersed with granular blastema, and particles of oily matter were found, until the softening was imperceptibly lost in the healthy brain tissue.

It may not be out of place just here to observe, that tubercular disease of the substance of the brain is a very rare disorder. It is mostly confined to the membranes of the brain; the pia mater assumes the miliary variety. They are not seen in the free surface of this membrane or the archnoid, and seem in no way connected with these membranes. In size they are about as large as a pin's head, and appear in the form of grey granulations, imbeded among a vascular net-work. This constitutes its prevailing pathological features in the tubercular meningitis of children. In the adult subject, however, tubercular deposits occur most frequently beneath the pia mater, on the surface of the brain, forming irregular nodules within the cerebral tissues, of various shapes and sizes. These nodules are confined principally to the inferior part of the cerebrum and cerebellum, and when they soften form abscesses, that may be readily taken for those which occur in common inflammation of the brain. In this respect our case was unique, the tubercular disorganization being exclusively confined to the minute structure of the brain, which was clearly demonstrated by the use of the microscope.

Our patient was an individual of more than ordinary intelligence; he was a hard student. For some time after his health began to fail, he continued to tax his mental powers beyond what he was able to bear, and as his memory failed him, it appeared to be only a stimulus to redouble his mental energy. This no doubt augmented his lung trouble, and perhaps was an incidental cause of the tubercular deposit in the brain, and its fatal sequence. There is not the least doubt but

the overtasking of the mental powers of children, especially those who are the subjects of the tubercular diathesis, will sometimes produce tubercular meningitis. I can now call to my remembrance several little children who have died with this disease, that was mainly induced by too much mental excitement. Children of the tubercular temperament are usually gifted with very active mental organs, they are apt to learn; and, under a false and erroneous system of education, the physical powers are not properly attended to, the brain is overworked, tubercular meningitis is induced, and the little sufferer fills a premature grave. The most watchful care should, therefore, be exercised on the part of those who have the charge of the physical and mental training of children, to avoid such debilitating measures as will be likely to increase the tubercular dyscrasia, and studiously avoid such causes as will produce too much mental excitement and disturb the healthy functions of the brain.

[To be continued.]

GUN-SHOT WOUND OF THE Frontal Bone, with Loss of the Orbital Plate, Brain, etc.

By Laurence Turnbull, M. D.,

Of Philadelphia.

Author of "Hints and Observations on Military Hygiene."

Since the publication of the interesting case of E. V., 55th Ohio, by me in the Reporter for June, I have been furnished by Dr. J. D. Hall, U. S. V., 24th New York, with full notes of the case up to his death. It is most remarkable that vision should have remained after loss of the frontal bone with the orbital plate, injury of supra-orbital nerve elevator muscle, with so much loss of brain. It is a well-recognized principle in ophthalmic surgery, that if there is a lesion of the first branch of the fifth pair, vision is lost, yet the pupil does not become dilated, the iris retaining its usual action, although the retina may be insensible and vision gone.* The following is Dr. Hall's letter:—

Emory Hospital,
Washington, D. C., Aug. 1862.

On the 30th August, 1862, Edward Volck, private in the 55th Ohio Infantry, was wounded at the battle of Bull Run, number two, by a musket ball which struck him half an inch above the right eyebrow, and about the same distance from the mesian line of the os-frontis, communicating and carrying away the os-frontis to the extent of one and one-fourth by two and one-fourth inches, and making a proportionally larger scalp wound. The course of the ball must have been oblique from the left, else the head of the subject of these remarks was turned to the right when he was struck, as about one-third of the ball was found cut up on the edge of the frontal bone, the other two-thirds must have passed outwards, as it could not be found inside the skull on post-mortem examination.

His own statement of the case was as follows: He was about to fire his piece when struck; staggered, but did not fall; in a moment or so he recovered, fired, loaded and fired again, then fell, where he lay on the field six days and lost more than a teacupful of brains. On the eighth day after receiving the injury he arrived here, which was the 7th of September, when he had his wound dressed for the first time; took out many pieces of bone, found about one-half of the two plates which compose the frontal sinuse turned in edgeways on the brain, which could not be removed for arterial hæmorrhage. There was a great quantity of fœtid pus and about one teaspoonful of brain escaped. The most remarkable features in the case are, that there is no cerebral disturbance, no impairment of vision, pulse normal, in short, no complaints whatever. He acted the most rational of all the patients in the ward, and I had liked to to have said, the most sensible.

In dressing used adhesive straps, as much to prevent the eyebrow from falling on the cheek as to approximate the edges of the wound, which gave the muscle of the upper eyelid a point of support, enabling him to raise the lid, when he remarked, he could see as well with the right eye as he ever did. When dressed, he expressed himself as comfortable, got up, sat down, read his newspaper with the greatest composure; cautioned him against reading much.

Sept. 8th. When the dressing was removed he presented a very singular appearance, fully one-half of the scalp being shaved, and the cerebrii-hernia, excrescence-like, protruding of the size of a walnut, heaving with every pulsation. Succeeded in removing bones of frontal sinuse with slight hæmorrhage; pus plentiful and better, with about a teaspoonful of softened brain matter.

Sept. 9th. Appetite not good; tongue cannot be protruded, owing to injury to temporal muscle, but from what was seen, was covered with a white, thick fur, tip red.

Sept. 19th. He has continued from last date with little change in his condition, except that he is more sensible of pain when the wound is dressed; its edges look exceedingly healthy; pulsating tumor has receded, and nature seems to be putting forth all her energies to close the opening.

Sept. 20th. Bowels has become irritable and seemingly a lack of control over them, with an

* See Hints and Observations by the author, pp. 51, 55, Gun-shot Wounds of the Eye. Philadelphia, 1862.

indifference on the part of the patient. Held the bowels up with plumbi, acetas, ipecac., and opium, but found his strength was failing, although his memory was perfectly clear. When asked if he had any wife, child, or relatives he wished written to in the event of his death, his answer was invariably, no; remarking, if a man had to die there was no use of making a fuss about it.

Sept. 22d. Although every attention was paid to his diet, as well as mur., tinct. ferrii, three times a day, he continued to sink, although the diarrhœa was checked. He never rallied from its effects, and finally died at half past three o'clock on the morning of the 25th.

The post-mortem revealed a much more congested and inflammatory condition of the brain and its membranes than the weakened pulse of a few hours previous would have indicated; there was also a large quantity of watery effusion into the ventricles, mixed with pus. The fracture of the parietal bone, as will be seen by the specimen, is much more extensive than we would have supposed, reaching to within two inches of the occipital bone, a distance of five inches from the seat of the injury. There is also a large clot between dura mater and the skull at the suture of os-frontis and parietal bones. Such extensive injuries precluded any possibility of ultimate recovery.

He had the least complaints of any patient in the ward. Peace to his ashes.

Editorial Department.

Periscope.

DOMESTIC.

A Deaf Mute Restored to Hearing by an Attack of Variola.

Dr. J. J. Samuels, of Marion, Illinios, reports the following extraordinary case in the *Chicago Medical Examiner* for April 1863.

George H. Dickinson, a deaf mute, aged 45 years, was seized with the usual symptoms of an attack of small-pox, 14th March. There was nothing remarkable either in the eruptive fever, the appearance of the eruption, (which was confluent,) the maturation of the pustules or secondary fever. The patient passed on to convalescence, and is now completely recovered. But, what is rather strange, the patient, during his illness, became able to hear with the left ear, the other remaining closed, and could talk almost immediately after he could hear. While visiting him on the evening of the 21st, (which was the fourth day of the eruption,) he wrote upon his slate these words: "I heard to-day for about twenty minutes as plainly as you ever did, how do you account for it, doctor?" I paid but little attention to this, and hastily replied, that I supposed the inflammation in the throat had affected the ear through the Eustachian tube.

On the evening of the 22d, he complained of pain in the left ear; and, on examination, I discovered a slight discharge of muco-purulent matter from the external meatus. One of the attendants informed me that the patient heard the noise made by the lowing of a cow near his room, and had also heard thunder in a storm-cloud that passed over.

On the morning of the 23d, while at his beside, I observed his attention was attracted by the singing of birds near his room. I told him that it was the birds singing, and asked him what kind of music they made. In reply, he whistled in imitation of them. This was the first satisfactory evidence I had had that he really could hear. He still complained of pain in his left ear. Being called to the country, I did not see him on the 24th, he being visited by my preceptor and partner, Dr. A. N. Lodge. On entering the door of his room on the morning of the 25th, I bowed and inquired how he got along, to which he replied "bully;" and it took him but a few minutes to tell me the following, which I had already learned from Dr. Lodge:—"When he awoke on the morning of the 24th, his head was filled with very loud and confused sounds. The confusion and astonishment, for the moment, produced a distraction of the mind. On regaining himself, he wished some explanation of the phenomena, he called out distinctly 'where is doc.' He also discovered that he could hear his attendants talk, and could repeat the words after them."

It took him but a few hours to learn a sufficient number of words to converse on ordinary subjects; indeed, it appears to me that he could speak words that he never heard spoken. He now hears and speaks with as little difficulty as any one.

The following questions have occurred to me concerning the case:—1st. Did he never hear before? 2d. What influence had the disease on the organs of hearing? 3d. How could he so readily speak after he could hear? As regards the first question: I found the evidence that he had not heard or spoken for 25 years, conclusive. Many of our best citizens have known him for that period without a suspicion ever arising in their minds that he could hear or speak. Further back than that, we have only his evidence, which in his own language is: "So far as my recollection of myself reaches back, I never did hear; and, to the best of my knowledge, my parents taught me that I never could hear." So we are left to suppose either that he could hear in infancy, but that by disease it was destroyed while very young, or that he never could hear. I leave each one to their own supposition as to what influence the disease exerted on the function of hearing. I could not now, and, perhaps, never, give a better answer than I gave to the patient, when he requested an explanation.

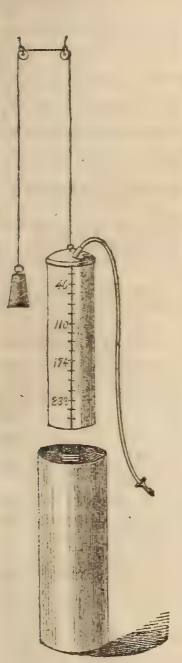
I hope men more competent than myself will endeavor to explain this matter, in regard to the third question,—"how could he so readily speak after he could hear." I might state that Dickinson has a fine education, and completely mastered, among other things, that most difficult science, labiaology, which was taught him by the late Dr. J. K. Mitchell, of Philadelphia, under whose instructions he was for four years. A brother and a sister of Dickinson's were also deaf mutes; his parents were cousins. He has been married once, his wife was a deaf mute also. He has two living children, a son and a daughter, the former aged five and the latter four years, and both are blessed with perfect hearing and speech.

A Cheap Spirometer.

W. E. Bowman, M. D., Editor of the *Canada Lancet*, publishes in that journal the following description of a cheap spirometer, which may be found very useful by our readers:

A cheap spirometer may readily be made from two tin vessels similar in shape to the ones figured in the accompanying wood cut; the one should be about twenty inches long and six inches in diameter, and

the other eighteen inches long and five inches in diameter. The latter may be graduated into spaces of eight cubic inches by means of our ordinary gallon measure, which is the old wine measure of Great Britain and the one that is adopted by the United States Pharmacopœia; it consists as everybody knows of eight pints of sixteen ounces each, the ounce measuring 1.8 cubic inches.



Cubic Inches.		
6	.....	3½ fluid oz.
14		
22		
30		
38	.....	1 pint 5 fl. oz.
46		
54		
62		
70	.....	2 pts. 6¾ fl. oz.
78	4 feet.	
86	4 ft. 1 in.	
94	4 ft. 2 "	
102	4 ft. 3 "	3 pts. 8½ fl. oz.
110	4 ft. 4 "	
118	4 ft. 5 "	
126	4 ft. 6 "	
134	4 ft. 7 "	4 pts. 10¼ fl. oz.
142	4 ft. 8 "	
150	4 ft. 9 "	
158	4 ft. 10"	
166	4 ft. 11"	5¾ pints.
174	5 feet.	
182	5 ft. 1 "	
190	5 ft. 2 "	
198	5 ft. 3 "	6 pts. 13¾ fl. oz.
206	5 ft. 4 "	
214	5 ft. 5 "	
222	5 ft. 6 "	
230	5 ft. 7 "	1 gallon less ½ oz.
238	5 ft. 8 "	
246	5 ft. 9 "	
254	5 ft. 10"	
262	5 ft. 11"	9 pts. 1¼ fl. oz.
270	6 feet.	
278	6 ft. 1 "	
286	6 ft. 2 "	
294	6 ft. 3 "	10 pts. 3 fl. oz.
302	6 ft. 4 "	

Having placed the smaller vessel perfectly upright, measure into it a gallon of water less half an ounce, and with a rule ascertain the precise distance from the surface of the liquid to the brim of the vessel, then placing this measure outside of the tin, mark the height of the water as 230 c. in. In a similar manner with half a gallon and 10¼ fluid ounces, mark 134 c. in.

Next divide the space between these two points into twelve equal parts, which will be measures of eight cubic inches each, and with the compasses continue the graduation upwards and downwards, placing the figures on the inverted vessel as here shown. If its diameter be everywhere alike the measure must be correct, its accuracy however may be readily tested by the annexed subdivisions of the same measure. The pulleys and counterpoise may now be adjusted to the graduated tin.

Next fill the larger vessel with water so that the smaller may be just covered when inserted as low as possible into it, and mark the height of the water on the inside of the larger tin. Then raise the small one gently until the 174 c. in. line appears even with the surface of the water, and make a second mark of its level. Finally put the third graduation in the large tin when the smaller is raised completely out of it.

Lastly, affix two or three feet of flexible tubing and a mouth-piece to the top of the small tin, and the spirometer will be ready for use.

The graduation inside of the larger vessel is to detect and obviate any difference in the level of the water within and outside of the rising vessel, which after receiving the breath should be depressed until the water is at its proper level, the tube being closed by the fingers during the adjustment and reading off.

With this scale as a guide the York Glass Company of England has made me a beautiful spirometer of this form entirely of glass, and correctly graduated into cubic inches. It differs somewhat from this one in having a perforated glass stopper in the centre to which the silk-covered tubing is attached; and also in having two cords, one each side of the stopper, and four pulleys which prevent it from turning. Thus arranged and mounted on handsome brackets, apart from its usefulness in ascertaining the presence and progress of phthisis, it forms an elegant addition to a surgery.—*Canada Lancet.*

New Hæmostatic.

Dr. T. L. Phipson writes to the *Chemical News* that "at a recent meeting of the Société des Sciences Médicales et Naturelles of Bruxelles, the subject of a new hemostatic agent, lately discovered by Dr. Piazza, Professor of Organic Chemistry in the University of Bologna, was brought forward. This substance, destined, as its name indicates, to stop a flow of blood from wounds, appears to be one of the most successful therapeutic agents ever prepared, and I hasten therefore to call attention to its composition; being yet known only in Italy and Belgium, it is certainly destined to render great services in our hospitals, &c. Before alluding to the manner in which it is prepared, I should perhaps state that the liquid in question has been experimented already with the greatest success in the hospitals of Parma, Modena, and Bologna, also in several hospitals in Bruxelles by members of the society above named, and has been unanimously declared to be the most effective agent in stopping a flow of blood from a wound ever discovered.

"In making numerous experiments upon the substances which are capable of coagulating blood, Professor Piazza found that the coagulum produced by chloride of iron was rendered so compact by an addition of chloride of sodium that the vessel containing the mixture may be reversed without a drop flowing out. No other coagulating liquid will produce such an effect as this. Now, when chloride of iron is used alone, it is necessary to employ it tolerably concentrated, (25° to 30° Baumé,) which occasions much pain and irritation. But if common salt be added, the liquid is efficacious with a much weaker solution (10° to 15° B.) of chloride of iron. The best means of preparing the new hemostatic liquid consists in taking a solution of chloride of iron marking 10° to 15° of Baumé's areometer, and adding to it an equal volume of a concentrated solution of pure chloride of sodium. One precaution must be attended to, namely, that the chloride of iron contain no free acid. This is avoided by evaporating the iron solution to dryness, and redissolving in water. The liquid is used by immersing in it the linen destined to bind the wound." &c.—*Dental Cosmos.*

Diuretic Wine.

M. Trousseau has proposed the following new formula for diuretic wine:

Take of Juniper berries, well bruised,	600 gr.
Digitalis, in powder,	120 "
Squill, in powder,	60 "
White wine,	a pint.
Macerate during four days, and add	
Acetate of Potassa,	180 gr.

Express and filter. The dose of this wine is two or three tablespoonfuls per day. M. Trousseau proposes to call this preparation "Vin diuretique de l'Hotel Dieu de Paris," where he made his chemical experiments.—*Bul. Ther. and Jour. de Pharm.*

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, AUGUST 1, 1863.

SURGICAL AID ON THE BATTLE-FIELD.

The experience in the great battles of last year showed the necessity of some provision being made outside of the regular medical service of the army for the surgical care of the wounded immediately after a great battle.

The utter impossibility, when there were thousands of wounded to care for, to have their wants properly attended to by the regular Surgical Corps of the army, was fully demonstrated on several occasions. So was the necessity of having some systematic provision made for extra surgical aid.

The matter was again and again urged on the attention of the Surgeon-General, yet nothing was done, and another terrible battle has been fought and the wounded left with very inadequate surgical care.

According to the most recent statements, the number of wounded left on the battle-field of Gettysburg must have exceeded 20,000—it has been estimated as high as 30,000. One thousand Surgeons, in addition to the regular Surgical Corps of the army who could be spared from their regiments, would not have been too many to give the wounded the attention their condition demanded. Yet no adequate arrangements for extra surgical aid were made, and when the Governor of this State tendered such aid, it was somewhat superciliously refused.

We are very glad to observe by the following circular letter, addressed to the Governors of New York, Pennsylvania and Massachusetts, that the Surgeon-General, who personally visited the battle-field, saw his error, and that he is disposed now to correct it.

SURGEON-GENERAL'S OFFICE,
Washington City, D. C., July 27.

SIR:—It seeming desirable to secure abundant surgical aid for the exigencies of the battle-field, the following plan is suggested, in which your co-operation is requested.

It is proposed that thirty Surgeons, for whose ability and skill you can vouch, organize a voluntary aid corps, to render aid to the wounded immediately after a battle, and to hold themselves in readiness when notified by telegraph from this office, through you.

As the want of concerted and subordinate action has been the chief obstacle to the success of such organizations in the past, it is deemed proper that the gentlemen thus volunteering shall guarantee to serve for at least fifteen days; shall receive or not, at their pleasure, the compensation allowed to surgeons employed under contract by this department; and shall be subject to the orders of United States medical authorities. Should this plan meet your views and those of other Surgeons, you are requested to take the necessary steps in the case, and to forward to this office the names of the aid corps who may be selected by you.

I am, sir, very respectfully, your obedient serv't.
By order of the Surgeon-General.

JOS. R. SMITH, *Surgeon U. S. A.*

DRAFTED MEN.

The draft which is now in process of execution throughout the loyal States, is intended to add 300,000 men to the national armies. It is the intention of the Government to first fill up the regiments that are now in the field to their maximum number, and already hundreds of recruits thus obtained have been sent forward.

There is great danger, we fear, that unintentional injustice will be done to these men. It is undoubtedly wise, on many accounts, to fill up the skeleton regiments. We will not enumerate the advantages gained by it, as they do not have to do with the health of the recruits. The disadvantages having this vital interest attached to them properly fall under our cognizance.

We will assume, which will probably be the fact, that the drafted men are all in a sound physical condition. They go into camp healthy men. But, by being put into regiments with men who have become inured to the toils and hardships of camp life, long marches and the battle-field, and required to partake in all these labors to which they are entirely unaccustomed, there is danger that many of them will break down prematurely and lose their lives or health before they have rendered the Government much service.

Suppose, for instance, after several thousand of these raw recruits have been added to the army of the Potomac, it should be ordered on one of its long, fatiguing marches, like that from Falmouth, Va., to Gettysburg, Pa., when the army marched an average of twenty miles a day for several days in succession and then fought one of the most

sanguinary battles of modern times. How would it be possible, when hundreds of veteran, inured troops fell out of the ranks on each day of the march, for raw recruits to survive?

This is a matter worthy the consideration of the officers of the Government, and especially should the Medical Bureau of the army call attention to it.

STREET CLEANING.

Some weeks since, we spoke of the good effects of the appointment of a new City Inspector in New York. After many vain attempts to nominate a person for that office who would be acceptable to the City Fathers, the Mayor proposed the name of one of their own number, Mr. F. I. A. Boole. In accepting the position thus unexpectedly thrust upon him, Mr. Boole pledged himself to the task of immediately cleansing the streets, which were in a very filthy condition.

With what success he has addressed himself to the labor he undertook, may be judged by the statement that during the past five weeks Mr. Boole has had 1,400,000 cart loads of manure, filth, and garbage removed from the streets! No wonder that New York has had the unenviable reputation of being one of the most unhealthy cities in the world! We trust that the good work commenced by Mr. Boole will be continued, and that his example will prove contagious.

The sanitary condition of Philadelphia, we fear, is likely to suffer sadly from neglect of cleanliness. The streets of this city have been much neglected, and it need not surprise our readers if they find the mortality of this city increasing, while that of New York is diminishing. It would seem, from discussions in our City Councils, that the Contractor for cleaning the streets has neglected his duties, and two departments of the City Government are at loggerheads as to which should attend to the business. In the meantime the accumulation of filth, and the noisome exhalations from the street gutters give no ground to hope for favorable sanitary reports during the sickly months whose cycle has just commenced.

Prof. Scanzoni has gone to St. Petersburg to attend the Empress of Russia during her confinement.

Notes and Comments.

Long Island College Hospital.

The Fourth Annual Commencement of the Long Island College Hospital was held in Brooklyn on the 2d inst. The number of matriculants during the term was *fifty*, and the number of graduates *sixteen*. The Hippocratic oath was administered to the graduates by Dr. Mitchell. The address to the graduates was delivered by Dr. Austin Flint, and the valedictory on the part of the graduates by Alfred W. Merrill, of New York.

Army Medical Museum.

We are indebted to Surgeon-General Hammond for a copy of the Catalogue of the Army Medical Museum to January 1, 1863. At that date the Surgical section contained 959, and the Medical section 106 specimens. The Museum also contained 289 specimens of misciles.

Under proper care and cultivation, the Museum will become a very valuable pathological cabinet. Dr. Hammond is an excellent physiologist and his assistants, Drs. Woodward and Brinton, are first rate pathologist.

Philadelphia Dental College.

In our advertising columns will be found the announcement of the first course of Lectures in the Philadelphia Dental College. This is the second dental college in this city. Its founders, regarding Philadelphia as the great centre of Medical education, claim that it may be made the centre of Dental education as well.

This is very true, and we predict that the effect of opening a new Dental College here will be, by the second session, to double the number of dental students in this city.

A very small proportion of those who practice dentistry are graduates at all, and if a reasonable multiplicity of schools shall have the effect of increasing the number of scientifically educated dentists, so much the better.

The gentlemen connected with this institution are favorably known in this city, and we doubt not the enterprize will command success.

Medical Department of Yale College.

Dr. Leonard J. Sanford, of New Haven, has been elected Professor of Anatomy and Physiology in the Medical Department of Yale College. Dr. Sanford's education and acquirements render his selection for this responsible position a very proper one, and we have no doubt he will fill it with credit to himself and to the institution. The former occupant of the chair was the late Dr. Charles Hooker.

An Engineer Regiment.

Our friend Dr. A. L. Kennedy, of the Polytechnic College in this city, has been selected by Government to raise an Engineer regiment for service in the army. Such a regiment will find a plenty of useful employment in building bridges and doing other pioneer work of a marching army, in planning fortifications and intrenchments, laying out camping grounds, etc., etc.

Correspondence.

FOREIGN.

LETTER FROM W. N. COTE, M. D.

Geneva, *June 25th*, 1863.

Electricity.

Mr. Editor:—M. A. De la Rive, of this city, publishes an interesting paper on the propagation of electricity through rarified elastic fluids. Starting from M. Grassiot's experiments, proving beyond a doubt, that an absolute vacuum does not transmit electricity, M. de la Rive commenced a series of researches on hydrogen and nitrogen, two simple and unalterable gases, which, although differing considerably in chemical and physical properties, have yet one important property in common, viz.: That of exercising no action on metals. To measure the elastic force of these gases, he employed a nanometer delicate enough to manifest a difference of pressure as small as one-fiftieth of a millimeter, (a millimeter being equal to about half a line.) The intensity of the electric jet was determined by two platinum wires passing through distilled water, which formed part of the principal circuit, and communicating with the ends of a very sensitive galvanometer. The distance between the two extremities of the platinum wires might be varied by means of a micrometric screw, so that the derived current might always produce the same deviation in the galvanometer, say 30 deg., for instance. The gases to be experimented on were inclosed in tubes of about two inches. The electrodes, consisting of platinum balls, could, if necessary, be even brought into contact. The facts brought to light by these experiments are:

1. That when the gases above alluded to have arrived at a degree of rarefaction approaching to that which corresponds to their maximum conducting power, the latter is in the inverse ratio of the length to be gone through.

2. That, as the pressure diminishes, that is, as the gas becomes more rarefied, the jet of flame becomes continuous, the flame itself appears divided into strata, and at length a black space, which gradually increases, separates the extremity of the luminous column, from the negative electrode, which becomes enveloped in a bluish atmosphere.

3. That if, when the pressure has been greatly reduced, a small quantity of gas be admitted into the tube at the negative, while the electricity is still flowing, annular rose-colored stripes are suddenly perceived in the black space; if, on the contrary, the gas be re-admitted at the positive end, a thin but brilliant jet of light will be seen darting through the luminous columns, which latter will at once invade the whole black space near the negative electrode.

4. That there exists a difference of temperature between the black space near the negative electrode, and the luminous part near the opposite one.

5. That if an electro-magnet be placed on the side of the black space, the conducting power of the medium diminishes in the ratio of 30 deg. to 10 deg.; if on the contrary it be placed near the positive electrode, there is no variation, while, if it lie between, the variation is from 30 deg. to 25 deg., and

6. That magnetism will give the luminous jet a rotatory motion which will increase to 100 revolutions per minute.

Fissure of Anus in Children.

Dr. Gauthier, of Geneva, gives some interesting details on the fissure of the anus in children. The attention of the profession has been called to this disease only within the last few years. Although it is generally considered as a comparatively rare affection, yet Dr. Gauthier shows that it is exceedingly common, especially in children, and that this disease is, in most cases, the cause of constipation, and other symptoms presenting all the characteristics of cerebral congestions, dyspepsia, gastralgia, and tympany. As a general rule will be found in the anal region a superficial ulceration, which occupies, in the form of a sulcus or irregular groove, the mucous membrane and radiated folds of fine skin that are fused into each other near the verge of the anus. It is not an easy task, always to determine the extent of the furrow without the assistance of the speculum or the introduction of a finger into the rectum. The fissure seldom penetrates through the substance of the mucous membrane. It occupies the back and sides of the anus, is rough, irregular, and reddish on the bottom, when spread open, and its projected margins indurated, protuberant, or serrated. There are three varieties of fissure, according to Dupuytren—above, below, and on a level with the sphincter. Dr. Gauthier has never found it above the sphincter in the case of children. The cause of the anal fissure has been attributed to the spasmodic action of the sphincter muscles, but our author is under the impression that fissure always precedes the anal constriction, and that even in examples of anal stricture without fissure and independent of all traumatic lesion, the patient, in his youth, had had fissure of the anus which had momentarily cicatrized. A lymphatic temperament and scrofula predispose to this disease, owing to the mucous or purulent exudations of the membranes to which they give rise. It may be caused also by intestinal worms, especially the thread or maw-worms. As regards the treatment, Dr. Gauthier advises, in most cases of the kind, the introduction of rectum bougies, covered

with an ointment composed of hog's lard, rantahia, and belladonna. In a few days, the symptoms are so mitigated generally as to supercede the necessity of other applications. In some instances, however, nothing less than the caustic will answer the purpose of effecting a cure. The lunar caustic should be tried only after more simple remedies, such as opiate and mercurial lotions, have failed. In one case only Dr. GAUTHIER was obliged to have recourse to a more violent treatment. He effected a cure by introducing successively into the rectum three fingers —the constriction of the sphincter then gave way and the young patient recovered. The use of the bistoury has never been found necessary.

[To be continued.]

DOMESTIC.

A CASE OF PHANTOM TUMOR.

WASHINGTON, N. J., *July* 20, 1863.

EDITOR MED. AND SURG. REPORTER:—Mrs. R., aged about twenty-five, having been married about eight months, conceived herself to be pregnant, and began to make the necessary preparation for the event, which was expected to take place in the course of two months. I was called upon as her medical adviser, but she, being of a good constitution and healthy, nothing was required at the time. Proper advice was given, and the expected period was patiently waited for. The supposed period of confinement arrived, and so did the nurse. After waiting two weeks, I was again called for the purpose of consultation, everything seeming to be regular and only ordinary inconvenience experienced. I counselled patience, presuming that an error in time had been made. Two weeks more elapsed, and again I was called; I now made more particular inquiry, but nothing could be elicited that would indicate that conception had not taken place at the time specified. Cessation of the menses, morning sickness, enlargement of the abdomen and breasts, the peculiar areolar discoloration, had all made their appearance at the proper time and in their regular course. Quickening had also occurred at its proper period after the supposed time of conception. The sensations of quickening, as related by her, were usual; nothing in the whole case was a departure from the ordinary history of such cases. I again counselled patience, as the case did not seem to warrant any interference. Two or three weeks now elapsed, when, patience becoming exhausted, I was called upon again, and now deemed it advisable to make a thorough examination per vaginam and by auscultation, when, to my own astonishment and that of my patient, I became satisfied that she was not pregnant.

I immediately prescribed purgatives, emmenagogues, salt bathing, change of air, out-door exercise, riding in carriage, and as soon as practicable, on horse-back. The patient left on the next day, and I saw nothing of her for six months; she was then entirely well. On inquiry, I learned that immediately on commencing her course of treatment she began to feel relief. The abdomen began to diminish in size, the breasts to become flaccid, and a gradual return to a healthy condition took place. This change was entirely gradual, no unusual or sudden discharge of flatus, fæces, menses, or water, taking place. In fact, there had been no accumulation of either during the abnormal condition of the system. All the functions of the organs of the body being performed regularly and properly, except the menstrual flow, which took place some three months after the patient left my charge, and then in a perfectly healthy manner. She has since borne four children, all healthy, and in neither case has there been aught to require medical interference from the period of conception to confinement. In a conversation in relation to the birth of the last child, she stated that nothing had occurred during gestation with her children that she did not experience in the first instance.

I report this case as being one full of interest from the peculiarities connected with it, and so entirely different from the reports of what might be considered similar cases, and invite a solution of the phenomenon from the profession.

JOHN V. MATTISON, M. D.

"CALOMEL AND TARTAR EMETIC—EMINENT MEMBERS OF THE PROFESSION," ETC.

ITHACA, TOMPKINS CO., N. Y., *July* 18, 1863.

EDITOR MED. AND SURG. REPORTER.—It seems to me that a little *practical common sense* will fully reply to the Surgeon-General's Order "No. 6." Calomel cannot be dispensed with by any one who knows its value. It is too old and simple a remedy to justify any abuse, that is, any injury done by it.

My answer to what extent do I use mercury, is, in greater or less quantities in two-thirds of my patients or cases. I do not, indeed, regard mercury as indispensable, but it would be very inconvenient to do without it. For example, in the question of railroads versus canals, the road is very convenient, swift and sure, yet not indispensable. Again, I could walk to Philadelphia, but would rather go on a canal or horse-back, or any way but sweat at a three-mile-an-hour foot jog. I cannot see how surgeons in the army could do without calomel.

In my own practice, I find I use but four mercurials, calomel, yellow iodide of mercury, the two ointments, the blue and the nitrate, and I ought to add the blue mass. Of late, the mild or yellow iodide of mercury grows in my esteem. It is easily prepared in one's own office by one's own hands, cheap, and more quickly acts on the system than any other form for any purpose. It is a free cathartic; it is in a very brief period absorbed and in the circulation; it is as safe and as mild as any of the mercurials, and its over-dose can be more quickly checked by chlorate of potash. It can be given in large doses as well as small, and does not annoy the patient.

My rule is *never to salivate*. As soon as the breath smells slightly of the article, I use freely the *invaluable check* of chlorate of potash. If I compare mercury to the locomotive, then chlorate of potash is the throttle valve that rules the monster steam. If the Surgeon-General of the United States will instruct his "young and inexperienced officers," (see circular June 17th, 1863,) in the use of this one article, no more "cases of sloughing phagedena," (see Assistant Surgeon's St. Louis circular, May 7th, 1863,) need be reported.

I know that in private practice a stupid-minded man will swallow a dose of mercury, and neglect the oil, salts, or pills to cause the cathartic to act. I know that the little powders or medicines will be taken the day you call on a patient, and the "calomel powder" be left untaken; and when ten days or a month after the patient is again sick, he will swallow the calomel on *his own responsibility* and call you to see his "sore mouth and gums," just as though you had anything to do with it. And I do not believe the army exempt from contingencies. But how a man of decent common sense can have an ulcer or "phagedena of the cheek," (see Assistant Surgeon-General's circular, May 7th, 1863,) with chlorate of potash in the list of medicines, is beyond my comprehension. And how, after these many years' use of this article in Europe and America, he can be ignorant of chlorate of potash, and call himself an intelligent practitioner, I cannot understand. If the Surgeon-General will issue three pounds of chlorate of potash to every half pound of calomel, the abuse of mercury need never again be named.

Again, I say of chlorate of potash as of iodide of mercury, it can be used as one pleases, in a few grains at a time, or it may be given in drachm doses every two hours till salivation is stopped. Of the comparatively new remedies, these two are safe as to all reasonable use. Not being one of the "more eminent members of the profession," (see circular, June 12th,) I did not receive the circular from the Surgeon-General's office. And being only middle-aged and no politician, I can only claim the honor of having gone to Washington, with my own private instruments of the best make, and offered the Surgeon-General a month's time gratuitously, and being told no one was needed, at a time when at least three thousand lay with undressed wounds.

But private insults aside, the circular of the Surgeon-General I believe has surprised the profession generally, no matter how much needed.

The articles mentioned by Edward Parrish in the July 4th number of the Reporter I constantly use. They will never be wholly discarded by those who once have learned their use. Yet they can never supersede iodine, mercury, or other well-tried articles.

I have forgotten to say that I do not use tartar emetic. I believe that, except for inflammatory congestive croup, pleurisy, and inflammation of the lungs, the article had better be utterly discarded; and that most cases of the diseases just named can better be treated without than with it. The use of it must be very rare indeed in the army. I say this of tartar emetic notwithstanding the heroic virtues once claimed for it in so many diseases.

Yours, &c.,

S. J. Parker, M. D.

News and Miscellany.

Pension Examining Surgeons.

Massachusetts.—Dr. Cyrus Temple, Heath.

Iowa.—Dr. J. T. Kennedy, Tipton.

New York.—Drs. Sam'l Lendress, Dansville; M. A. Cushing, Glenn's Falls; Marcus T. Peake, Gloversville.

Appointments.

Drs. Shepherd, Karper, and Magoffin, late Resident Physicians at the Philadelphia Hospital, and Dr. T. T. Price, of Tuckerton, N. J., have received appointments as Assistant Surgeons at the Mower U. S. A. Hospital, (Chestnut Hill,) in this city.

Detailed for Duty.

The following medical officers have been detailed for duty connected with the draft in the following States, and will report at once by letter to the Provost-Marshal-General.

For Maine, New Hampshire, and Vermont.—Assistant Surgeon H. E. Brown, U. S. A.

For Massachusetts.—Surgeon A. A. McLaren, U. S. A.

For New York.—Assistant Surgeon W. Webster, U. S. A.

For Rhode Island and Connecticut.—Surgeon L. A. Edwards, U. S. A.

For Pennsylvania.—Assistant Surgeon C. H. Alden, U. S. A.

Surgeon R. B. McCoy, United States Volunteers, now on duty at Balfour General Hospital, Portsmouth, Va., has been ordered to report in person to Brig.-Gen. Jas. Carleton, commanding Department of New Mexico.

Surgeon A. P. Maylert, now at Louisville, Ky., is assigned to duty as Medical Purveyor in that city.

Ohio College of Dental Surgery.

The Eighteenth Annual Session of the Ohio College of Dental Surgery will commence on the first Monday of November, and continue till the 20th of February succeeding.

Compressed Bread.

To replace the indigestible hard biscuit used in the French army and navy, a preparation of compressed bread has been introduced. Small loaves, baked in tins, are thoroughly dried, and then pressed into cakes (four inches square and three quarters of an inch thick) by a machine, invented and patented by M. Marinoni, of Paris. The cakes recover their original dimensions when put into water.

Rebel Wounded at David's Island, N. Y.

There are at the hospitals on David's Island two thousand eight hundred wounded rebel prisoners. They receive treatment and care as thorough and as good as are given our own soldiers. The medical and nursing attendance is provided by the Government and somewhat by private donation, and is in every respect such as the sick and forlorn should receive in a Christian country.

Unfermented Bread.

This new system of bread-making was the result of a long course of experiments by Messrs. PERRY and FITZGERALD, the original Inventors, who resided in New York. A patent was obtained both in this country and in England, and at the present time the business is carried on to a very large extent in England.

The business was introduced into this city by Mr. W. E. CAMP, in the summer of 1861, who located his bakery on the corner of Broad and Buttonwood streets, and erected facilities for the manufacture of about fifty barrels of flour per day into the bread. It soon became apparent that largely increased facilities would be necessary to supply the demand, and the building occupied by him was extended sufficiently to receive additional ovens and other machinery sufficient to convert one hundred barrels of flour into the bread every twenty-four hours.

The demand for this bread has been variable to the present time, but constantly increases of late among families.

At the present time the average of sales is over fifty barrels of flour per day, which is distributed in all parts of the city to regular subscribers.

The process is perfectly cleanly, as the dough is not touched by the hands during the kneading, and is made light by the infusion of carbonic acid gas, by mechanical means, so that there is no chemical change effected in the constituents of the flour, and no drugs of any sort are used, leaving a perfectly pure loaf free from all objectionable matter.

On the 1st of January last, Mr. CAMP associated with him Messrs. THOS. POTTER and GEO. C. BOWER, who are well known in this community as men of large means and thorough business habits, and if anything was needed to inspire the fullest confidence of the public in the character of the concern and give a pledge of its success, this must be fully met by the accession of these gentlemen.

In connection with the unfermented bread, this establishment is now manufacturing a great variety of cakes and crackers of a superior quality, designed particularly for family use.

The crackers are not made by the unfermented plan, but after the old method.

Bread is now being successfully manufactured by the new process in many of our larger cities, and is highly prized by many who suffer from fevers, dyspepsia, and similar complaints.

We constantly use this bread in our family, and can give unqualified testimony to its uniform excellence. We regard it as particularly well adapted to the use of dyspeptics, and persons troubled with flatulence.

The Wounded at Gettysburg.

Dr. GORDON WINSLOW writes as follows, under date of Gettysburg, July 27th:

"You have ere this learned that I am again in the field with the Sanitary Commission. It is a field with which I am familiar, I believe, in all its parts. Few, however, know or imagine the value of its operations except those who see the absolute necessities not to say luxuries supplied to our sick and wounded soldiers. The wagons and agents of the Sanitary Commission were on the field, in the very midst of battle, long before any other supplies were within reach. In fact, two wagons, with the drivers and agents, fell into the hands of the enemy, and are not yet released, so far as we know. The rebels, however, have uniformly been treated with so much kindness and consideration by the commission, that it is presumed they will not long retain those of their agents who were taken without arms, and while dispensing mercies to the wounded, both friend and foe. My first work was to visit all the rebel hospitals, obtain the number of wounded, attendants, physicians, etc., etc. In hospitals exclusively devoted to them, I found some seven thousand, and in other portions of the field, where they were mingled with Union men, about the same number. In all, the wounded on our side amounts to fourteen thousand two hundred, (14,200) and on the rebel side to about sixteen to eighteen thousand, (16,000 to 18,000).

The killed were nearly equally divided, amounting to about ten thousand, (10,000) making an aggregate of killed and wounded forty thousand and two hundred, (40,200)—quite a little army. It has been our work to take care, as far as possible, of this army of wounded men, or rather to supply material for others to do it. All the hospitals make their requisitions regularly and freely for all imaginable necessities. We have for the last two weeks been sending off by rail some six or eight hundred daily, all of whom we feed at the depot, and have large tanks of water placed in the cars, a surgeon and attendants with stimulants, and anodynes, &c., &c. We have a large depot at the railroad station, with tents to accommodate some three or four hundred, which have been full nearly all the time, day and night, though regularly shipped twice a day. As soon as one crowd left another came, all waiting, as at the pool, for their chance for healing meats and drinks and for conveyance to some distant hospital. I have had the charge of all the departments for some two weeks; it gives me full employment. We are now erecting tents at the general hospital for our stores, and probably, in a week or two, shall find it unnecessary to remain longer in the city. The battle-field is very extensive, and is visited by thousands. I expect to be ordered to the front before long, perhaps in a week or two."

Meteorology for July.

A correspondent of the *Daily Press* furnishes the following meteorological statistics for the month of July, 1862 and 1863, also the average for thirteen years. During the past month there were twenty-seven cloudy days.

	July, 1863.	July, 1862.	July. 13 years.
Thermometer.			
Highest	88. 0°	95. 5°	100. 5°
Lowest	65. 0	53. 0	53. 0
Mean daily range.	3.22	4.23	3.70
Means at 7, A. M..	74.40	71.13	73.79
Means at 2, P. M..	80.24	82.06	83.42
Means at 9, P. M..	76.32	73.60	76.18
Means for month..	76.99	75.60	77.80
Days rain fell	19 days.	10 days.	11.3 days.
Amt. rain in inchs.	5.690 in.	2.841 in.	3.812 in.
Barometer.			
Highest	29.988 in.	30.156 in.	30.212 in.
Lowest	29.524	29.487	29.443
Mean daily range..	0.079	0.107	0.092
Means at 7, A. M..	29.800	29.743	29.842
Means at 2, P. M..	29.780	29.724	29.813
Means at 9, P. M..	29.807	29.731	29.829
Means for month..	29.796	29.733	29 828
Mean dir'cn wind.	S. 11° W.	S. 58½° W.	S. 58½° W.

The changes of temperature were less during the last month than ever before observed. The highest temperature was lower, and the lowest higher than usual.

The warmest day was the 26th, with a mean temperature of 81.67°. The coldest day was the 17th—mean temperature 70.5°.

The number of rainy days was greater than ever before observed for the month of July. The nearest approach to it was in July, 1861, and July, 1853, in each of which there were fourteen rainy days. The amount of rain was exceeded in 1853 and in 1855.

J. A. R.

Gross' Military Surgery.

An edition of Dr. Gross' Manual of Military Surgery has been published in the insurgent States. It makes a book nearly twice the size of the original edition.

Artificial Petrifaction of Animal Tissue.

In one of his interesting European letters to the *Amer. Med. Times*, descriptive of the principal hospital and other medical institutions of Florence, Prof. Chas. A. Lee thus notices a very important discovery, a knowledge of which appears to have been lost through the cold indifference to new ideas and narrow prejudice against progress which so generally prevails, to the great disadvantage of science and the injury of those noble pioneers of truth who promote its advancement.

"In the museum of this school, also, are the celebrated preparations of Legato, who died about thirty years ago. This celebrated anatomist discovered a mode of changing all animal tissues into stone without changing their form or color in the slightest degree, and even preserving the natural flexibility of the ligaments, tendons, and joints, etc. Here is a tablet, perhaps a foot and a half square, inlaid with splendid mosaics in ornamental figures, consisting entirely of the various textures of the body converted into stone, hard and smooth as polished marble. For example, a portion of liver, lung, spleen, skin, kidney, penis, uterus, cartilage, muscle, brain, nerve, spinal cord, membrane, eye, bone, etc., etc., all retaining their natural color, and readily recognized by the anatomist. This celebrated genius did not meet with that encouragement which he expected and deserved for his most important discovery, the government entirely ignoring his valuable services, and the secret accordingly perished with him. Among the animals converted into stone I noticed the rat, cat, spider, fishes, etc., all looking perfectly natural."—*Druggists' Circular.*

ANSWERS TO CORRESPONDENTS.

☞ *Correspondents will please notice our reiterated request to give their full address in their communications to us. Our correspondence is very extensive, and it is necessary for us always to know the Town, County and* State *from whence their letters are sent.*

Dr. J. K., Pennsylvania.—We can get you a set of bleached bones not wired for $20. A wired skeleton, bleached, will cost from $25 to $35.

Dr. S. Y., Maine.—As we understand the law, re-enlistment will not invalidate a pension due for services previously rendered. A medical man who does not wish to enter the army as a surgeon, might go as a hospital steward or nurse, perhaps.

MARRIED.

Houghton—Watson.—On Tuesday, July 21, at St. Peter's Church, Westchester, by Rev. C. D. Jackson, D. D., Henry G. Houghton, Esq., M. D., and Lydia, eldest daughter of Wm. Watson, Esq., of Wilmount.

Kales—Davis.—In Chicago, Ill., Francis H. Kales, Esq. and Miss Nellie P., daughter of N. S. Davis, M. D., of that city.

Lewie—Asay.—At the residence of the bride's father, on the 3d th of July, by Rev. John Thompson, Dr. S. R. Lewie, of Washington, D. C., to S. Malinda, youngest daughter of Dr. A. Merritt Asay, of this city.

DIED.

Nelson.—Dr. Wolfred Nelson, a physician of some prominence, died in Montreal, Canada, on the 17th of June, aged 71 years.

Smith.—In Danville, Va., on the 10th inst., of typhoid fever, Dr. Walter P. Smith, son of Prof. N. R. Smith, of Baltimore, Md.

Williams.—At Alder Creek, Oneida County, N. Y., on Monday, July 15, very suddenly, Sarah Ann Graham, wife of Platt Williams, M. D., formerly of Albany.

METEOROLOGY.

July	20,	21,	22,	23,	24,	25,	26.
Wind	S.	S. W.	N. W.	S. W.	S.	S. W.	S.
Weather	Clear.	Clear.	Clear.	Clear.	Cl'dy. Shw'r Th'dr Li'ng.	Clear. Rain.	Clear. Shw'r
Depth Rain					1-10	8-10	
Thermometer							
Minimum	66°	68°	68°	61°	65°	68°	69°
At 8 A. M.	75	77	69	72	71	75	76
At 12 M.	80	80	77	80	79	81	85
At 3 P. M.	83	81	78	80	83	85	86
Mean	76	76.5	73	73.2	74.5	77.2	79
Barometer.							
At 12 M.	30.1	29.8	30.1	30.1	30.1	30	29.9

Germantown, Pa. B. J. Leedom.

VITAL STATISTICS.	Philadelphia. Week ending July 25.	New York. Week ending July 18.	Baltimore. Week ending July 18.	Boston. Week ending July 18.	Providence. Month of June.
Population in 1860..	565,529	805,651	212,418	177,812	50,666
Mortality.					
Male	266	385	63	39	...
Female	97	278	53	33	...
Adults	92	257	29	...	...
Under 15 years	263	.....	83	...	...
Under 2 years	222	.....	51	...	...
Total	463	663	116	72	...
Deaths in 100,000...	81.87	82.30	54.61	40.49	.....
American	359	455	...	55	...
Foreign	70	108	...	19	...
Negro	22	13	10	...	...
Zymotic Diseases.					
Cholera, Asiatic	1	...	...	...	...
Cholera Infantum	89	104	16	6	...
Cholera Morbus	...	4	...	1	...
Croup	4	8	2	4	...
Diarrhœa	19	37	2	1	...
Diphtheria	6	9	6	...	...
Dysentery	14	6	1	2	...
Erysipelas	1	3	1	...	...
Fever, Intermittent	...	...	...	...	...
Fever, Remittent	...	...	...	...	...
Fever, Scarlet	4	20	6	...	...
Fever, Typhoid	10	33	...	4	...
Fever, Typhus	...		...	...	...
Fever, Yellow	...	...	...	...	...
Hooping-cough	1	1	2	...	...
Influenza	...	...	...	...	...
Measles	3	7	...	...	...
Small Pox	3	1	7	...	...
Syphilis	...	...	...	...	...
Thrush	...	...	...	...	...
Sporadic Diseases					
Albuminuria	...	3	...	...	...
Apoplexy	1	5	1	...	...
Consumption	39	53	15	4	...
Convulsions	17	50	2	1	...
Dropsy	12	33	5	7	...
Gun-shot Wounds	50	...	58	7	...
Intemperance	5	...	...	...	...
Marasmus	23	44	...	2	...
Pleurisy	...	...	...	1	...
Pneumonia	11	...	...	5	...
Puerperal Fever	...	...	...	1	...
Scrofula	1	2	...	...	...
Violence and Acc'ts	13	106	2	3	...

TO CORRESPONDENTS.

For the information of those who are not authors, we will state that manuscript intended for publication must be written on but one side of the sheet. If greater care was taken in the preparation of copy, much trouble would be saved to printers, and mistakes would rarely or never be made.

BACK NUMBERS.

Subscribers desiring old back numbers (excepting Nos. 304, 305, 308, 309, and 310, which are still due, and will be sent) will please remember and send money to pay for them and for postage, as many of the numbers are growing scarce, and we have to prepay the postage, two cents a number.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

DEATH;

Causes which produce its sudden occurrence in Pulmonary Tuberculosis.

By A. P. Dutcher, M. D.,

Of Enon Valley, Lawrence County, Pennsylvania.

[Continued from page 195.]

II.—Perforation of the Pleura.

This is a frequent cause of sudden death in phthisis. It may occur at any period of the disease after softening of the tubercular deposits has taken place. And the symptoms which mark the accident are, with few exceptions, very pronounced. The patient may have mild, progressing symptoms of pulmonary tuberculosis, and there may be no signs of speedy dissolution, when very hastily we may be summoned to see our patient die. This was the case with G. D., a young and interesting patient of mine, who died with phthisis several years since. He had been suffering with very mild symptoms of the malady for about four months. The tubercular deposit was confined to a limited portion of the superior lobe of the right lung, and as he had no hereditary title to the disease, no marked tubercular diathesis, good digestion and excellent sanitary surroundings, I gave a favorable prognosis.

Imagine my disappointment, when only a few days afterward, I was suddenly called to see my patient die with a perforation of the pleura. When I entered his room he said he was suffocating. I was informed that about an hour before my visit, he had been suddenly seized with a sharp, cutting pain in the right side, which produced continual coughing and dyspnœa. His pulse was extremely small and weak, numbering one hundred and thirty per minute; skin cold and clammy; countenance pinched and expressive of great suffering. Percussion on the right side of the chest was much clearer than the left. Auscultation detected but the faintest respiratory murmurs of the right side; on the left they were much louder than natural. His dyspnœa gradually increased, his pulse became imperceptible, and after three hours of the most intense suffering he expired. This event occurred about four hours after the first symptom of perforation.

He had emaciated but very little. On making an incision into the right side of the chest, a large quantity of air escaped with considerable noise. The lung, at its superior part, was adherent to the pleura costalis by several small, white cords. Near the apex of the superior lobe of the lung, was situated a tubercular cavity, capable of containing about two ounces of fluid, this had discharged its contents into the cavity of the pleura, by a considerable perforation, not very far from the superior part of the sac. The walls of this cavity were rugged, a few bands of pulmonary tissue crossed it in various directions, and near its inferior part it was connected by a pervious opening, with a bronchial tube of considerable magnitude. The surrounding structure of the lung appeared healthy; not a single tubercle being found outside of the cavity. The middle and inferior lobes were congested, and somewhat denser than common, but otherwise presented no marks of disease. The pleura was slightly inflamed, and its cavity contained about four ounces of turbid sero-purulent fluid. The left lung was very much congested, but in other particulars healthy. The bronchial mucous membrane was somewhat redder than usual, but in other respects exhibited no signs of disease. The heart was healthy. The other organs were not examined.

This patient would in all probability have recovered from the tubercular malady if perforation of the pleura had not occurred. The tubercular lesion was limited; every vestige of the local deposit had been eliminated, and the cavity would, by judicious management, have healed in the course of time. His vital powers were suffering but little, and his strength had been improving up to the time of the fatal accident. It is not common for patients to succumb so rapidly as this one did, from a simple perforation of the pleura. The immediate entrance of the external air into the pleural cavity, by means of the bronchi that terminated in the vomica, caused the lung to collapse more rapidly than it would have done if there had been no passage for the external air. The sudden ingress of air into the pleural cavity,

was too great a shock for the system to endure. When a lung collapses from a gradual process of effusion, the shock to the system is not so great, and the danger of immediate dissolution is not so imminent.

III.—Perforation of the Intestines.

Some writers on phthisis have doubted whether this lesion ever occurs in this disorder, as the result of tubercular deposits in the intestines. It is unquestionably of rare occurrence, and I have frequently conversed with physicians of extensive experience, who have never met with an instance of the kind. In my practice I never met with it but in one case. It was briefly described in my article on diarrhœa as a symptom of pulmonary tuberculosis, published in the Medical and Surgical Reporter, Vol. VI., p. 287. In typhoid fever this is a common accident, causing the death of a large number of patients. Its occurrence is so sudden, and the suffering that it produces so great, that it speedily terminates the existence of the individual. The pain in the abdomen may at first be confined to a small space, but it soon extends over the entire belly, and is of the most agonizing character. The pain is generally accompanied by great tenderness on motion, or pressure upon the abdomen; tympanic distention; rapid, feeble, and thready pulse; extreme nausea and vomiting; pinched and cadaveric features; cold and clammy skin; and these symptoms are speedily followed by death.

M. Louis has recorded a case of perforation of the intestines that occurred during the progress of phthisis, the pathological anatomy of which is worthy of particular study. We will give our readers a brief description of it. The patient had suffered from pulmonary tuberculosis for about four months, when he was suddenly seized with acute pain in the abdomen, and after a few hours of suffering succumbed to his malady.

Limited tubercular lesions were found in both lungs, but the chief injury was in the intestines. On examining the smaller intestines, they were found rather larger than natural, offering externally many grey, bluish colored spots, and containing a large quantity of turbid, reddish, and moderately thick fluid. Dividing them into five equal parts, the mucous membrane was healthy in the first and last. In the remainder were numerous ulcerations, almost all situated parallel to the direction of the valvulæ conniventes. The largest were in the centre of the intestines, intersecting the whole of its circumference, and leaving the muscular coat exposed. Two among them presented a superficies of from four to six inches; they were greyish-colored and rugged. The muscular coat in the same point was three-quarters of a line thick, its fibres were more brittle and less flexible than natural.

Above and below this portion of the gut, ulcerations existed, (not completely encircling the intestines,) whose edges were thick, but whose centres were very thin, so that the muscular coat seemed cut obliquely. The bottom of several consisted of peritoneum, which was itself sometimes destroyed, and perforation had taken place in two spots. Round one of these perforations the serous membrane was of a livid red color, and for the space of four or five lines exceedingly thin, and in all respects resembling those that take place in acute disease. Around the other it was of a natural color and less attenuated, as if rather the result of tearing, than of any other cause.

The contents of the larger intestines were similar to those of the smaller. The muscular coat was denuded in the whole circumference of the cæcum, and for about seven inches of the ascending colon. It was of a greyish color, with partial but inconsiderable loss of substance, and one line thick. Below this, even to the middle of the transverse colon, there were other very extensive ulcerations, exactly similar to the one described, leaving the intervening mucous membrane healthy. This last was pale and slightly softened in the descending colon and rectum. The greater part of the mesenteric glands were much increased in volume and transformed into tubercular matter. The other abdominal viscera were healthy. The cavity of the peritoneum contained a little limpid, reddish colored fluid, with a small quantity of pus.

This patient suffered with diarrhœa from the beginning, and at the time of his death he was very much emaciated and broken down with the profuse discharges from his bowels. What influence the perforations of the intestines may have had, in producing the sudden termination of the case, is a question. There had evidently been considerable peritonitis, although the appearance of that membrane is not described. This may have existed previous to the first symptoms of perforation. M. Louis is of the opinion that these perforations did not exist during life. That the death of the patient was caused by the number and extent of the ulcerations in both the smaller and larger intestines. But we have yet to learn, how small a perforation of the intestines will cause the fatal termination of a case of chronic disease. In the case that I have recorded, the tubercular disease had made but little progress, the intestinal lesion was very small, and the effusion in the peritoneum was very trifling, yet the patient survived the event but a short time.

[To be continued.]

Notes on the "SOLDIERS' CHRONIC DIARRHŒA."

By Elliott Coues, M. D.,
Acting Assistant-Surgeon, U. S. A.,
Of Washington, D. C.

At the Mount Pleasant Hospital, Washington, D. C., under charge of Charles A. McCall, M. D., U. S. A., there were treated during the last fall and winter months a very large number of cases of this disease, affording very favorable opportunities for its study. Many of the cases came from the prisons of Richmond, and exemplified the disease in its most fatal type. The mortality was very great, the number of deaths from chronic diarrhœa during one month (December, 1862,) equalling those from all other causes combined, gun-shot wounds alone excepted. The ratio of mortality is about twenty per cent.; those occurring in December, twenty-one deaths in one hundred and six cases. I believe that in no single instance has a patient recovered after being obliged to keep his bed from weakness. All ordinary agents for checking the discharge seem quite inadequate to cope with this type of diarrhœa. Vegetable astringents, as tannin, etc., with opium, are quite inefficient, producing only very temporary relief, if indeed any be afforded. In many cases tr. opii. and ol. ricini, alternating with a vegetable or mineral astringent, have seemed to do some good, and are here relied upon more than perhaps any other agents. Nitrate of silver and sulphate of copper, in small doses combined with opium, appear sometimes beneficial, as do also a combination of hyd. c. creta and pulv. doveri. But when the disease has reached its later stages, it becomes almost inevitably fatal; and if any remedies are at all beneficial, the relief afforded is exceedingly temporary, and the full virulence of the disease soon manifests itself.

A paper by Prof. Clark, in a former number of the Reporter, has drawn our attention more particularly to the pathology of the disease, and our favorable opportunities of studying it during life, and of making extended and repeated post-mortem examinations, enables us to present some points not noticed in Prof. Clark's able paper. We will offer a few remarks, with special reference to the paper alluded to.

While the great emaciation and general exhaustion produced by long-sustained interference with the process of assimilation, and the consequent real "starvation" of the system, is familiar to every one, the decidedly *scorbutic* character which the disease often assumes does not appear to have excited general attention. That such, however, is really the case, seems indicated by several of the symptoms which may be noticed during the latter stages. The purpuroid rash, which is so characteristic of scurvy, is very apparent in many cases shortly before death, the irregular purplish patches covering various parts of the body. There is, moreover, tumefaction and tenderness of the fauces, causing pain on deglutition, this painful swelling being accompanied by a dusky erythematous suffusion of the parts. There indeed seems no good reason why these scorbutic indications should not appear. In true scurvy, the blood is starved of some one necessary ingredient; in this chronic diarrhœa the blood undergoes a process of gradual deprivation of all nutriment; that particular substance, the lack of which produces scurvy being of course included.

Another interesting fact in relation to this disease, is the sloughing of the corneæ, which so often occurs in the later stages. Our observations, however, in this particular, differ from those of Prof. Clark, who states that "the ulceration of the cornea was in every case below the line of the pupil, and did not affect the sight; there was opacity and a little pouting out, and a considerable redness." In one case sight was totally destroyed ten days before death. The first interference of vision was from effusion of blood; but it was soon totally destroyed by the *sloughing through* of the cornea, and consequent escape of of the aqueous humor and collapse of the eye. In two other instances, sight was completely lost four or five days before death. Instead of the "pouting" above referred to, a flatness and loss of tissue was readily perceptible by a side view of the eye. The ulceration always began at the lower part of the cornea, at the junction of it with the sclerotica, as stated by Prof. Clark.

Two cases, selected from the "Hospital Case Book," reported by J. P. Wyer, M. D., will well illustrate this sloughing of the corneæ, and also the scorbutic character of the symptoms of the latter stages above referred to. Both are typical cases, progressing slowly to a fatal issue, unaccompanied by perforating ulcers, death taking place, after extreme emaciation, and loss of vitality of lowly organized portions (*e. g.* the cornea, integument over prominent processes of bone, etc.) by a process of true *starvation*.

Case I.—Moses Burge, I, 49th Pa. Volunteers, admitted October 2, 1862; illness dated from August. Was for three weeks treated in a hospital tent; but by October 25, illness had become so severe that he was removed into a ward, to avoid all possibility of exposure to the vicissitudes of the weather, which so markedly affect patients suffering with this disease. From this period the evacuations decreased in number, averaging only three or four during the twenty-four hours; scanty in quantity; of a watery consistence; no blood; tongue dry, of a strawberry red; no sordes

upon it or upon the gums. Slight tenderness of abdomen on pressure; emaciation extreme; great prostration; anorexia. Complains of great thirst. Pulse averages about 80, soft, readily compressible under the finger.

November 20. An opaque spot observed on the right eye, near the juncture of the sclerotica and cornea; within, and at lower border of the latter. This white speck resembled much the ordinary deposit of lymph. It rapidly increased in size, extending in three days over more than half the cornea, and obscuring vision. As the opacity extended it seemed also to increase in density, the layers of the cornea apparently softening and undergoing disorganization. The vessels ramifying on the conjunctiva much enlarged, but there were no signs of active inflammation. Not the slightest pain accompanied the ulcerations. Two days after this appearance on the right eye, the left became similarly affected.

November 25. Is gradually failing. Pulse 75; one discharge; appetite better, but complains of great pain in stomach and bowels after eating. For the past day or two a slight purulent discharge has been noticed on right eye. Upon viewing the eye by a side view, the loss of tissue is very appreciable. The lower part of the cornea has sloughed away, so that the surface is not oval, but flat. Pulse in evening 65.

November 26. Same general condition, only one passage. Both corneæ are sloughing rapidly.

November 27. Pulse 75. Appetite failing; much nausea, but no emesis. Sloughing of both corneæ progressing; sounds of heart normal, but feeble: no murmurs audible.

November 29. Pulse 72. Complains of great distress after eating; is slightly delirious. An ulcer has formed over each malar bone. Tongue dry, red; skin dry, harsh.

November 30. Pulse 85. No passage during the night. Anterior chamber of right eye filled with blood—the hæmorrhage from ulceration of the small vessels.

December 1. Complains of pain and soreness of fauces on deglutition. The parts are turgid, tender, with a dusky erythematous suffusion.

December 2. Pulse 82. Effused blood in the eye not absorbed. No evacuations, but constant and distressing desire to defecate. Tongue and fauces swollen and dry; thirst extreme. Right cornea appears almost or quite sloughed through.

December 4. General condition same; failing fast. Complete anorexia. A rash like purpura has appeared on various parts of the body.

This condition of things did not change much till December 6, when he died. Intellect good quite up to time of death, answered questions rationally; was quite blind after the first effusion of blood occurred.

Autopsy.—The large organs, the liver, spleen, and kidneys of normal size, but considerably congested, especially the latter, in which the cortical and medullary portions cannot be distinguished. Stomach small, contracted. The valvulæ conniventes excessively thickened and in spots softened. No ulcers in any portion of intestines. Descending colon contracted and thickened; mesenteric glands enlarged and irritated. Half of the cornea of the right eye sloughed away, allowing the escape of the aqueous humor and collapse of the eye.

Case II.—O. S. Sheppard, A, 6th Vermont; attacked with diarrhœa August, 1862, since which time the disease has continued, producing excessive emaciation and debility. Appetite capricious; stomach irritable, rejecting the lightest food. Discharges average six or eight a day, of a watery consistence; passed with some pain. Desire to defecate urgent and frequent. Urine light-colored and abundant, but non-albuminous. Tongue usually dry, glossy, red. Complains of continual chilliness. Pulse weak and languid.

December 24. For several days has been rapidly failing; appetite almost gone, and emesis is becoming a serious symptom. The stomach rejects even stimulants. Small abscesses have formed on the face and neck. There is an erythematous blush on the right elbow joint; and the same diffused congestion is perceptible on the fauces. These are tumid, and cause pain on deglutition. These latter symptoms are evidently of a scorbutic character, and are well pronounced. On the right cornea is an opaque, cloudy segment, beyond a doubt the beginning of sloughing of the layers. Cornea of left eye covered with small ulcers of the ordinary kind; only slight conjunctivitis, and *no* pain. Pulse not perceptible at the wrist. Passes urine and fæces involuntarily. Nothing is retained on the stomach. Death same day, and, unfortunately, no autopsy could be made.

Up to a very few hours before death, the patients are usually quite rational, when roused to answer questions; but ordinarily there is complete hebetude of mind for several days before death; the patient lying with a relaxed position of body, perfectly quiet, the eyes half closed, the balls averted, the lips drawn apart by the risus sardonicus. They seem wholly unconscious of their suffering. Occasionally there is slight delirium; but it is never violent.

The vicissitudes of the weather, in a very marked degree, affect the patients. The Surgeon visiting his wards on a cold, wet day, after a week of sunshine, will often find those cases which have improved relapsed again; and the unimproved

suffering in an aggravated degree. The evils of indiscretion in diet have seemed more palpable than Prof. Clark has found them. A single act of imprudence has been followed by a severe or fatal relapse.

As remarked by Prof. Clark, ulcers in the small intestines are more frequently absent than present; while very numerous, small irregular ulcers are usually found scattered pretty thickly over any part, or the whole, of the large intestines. If there be any ulcers in the small intestines, they will be found most likely in the lower portion of the ileum, near the cœcum. These ulcers do not affect by preference Peyer's patches, but make their appearance any where on the mucous membrane. The mucous and muscular coats are often involved; very rarely the peritoneal; for the ulcers are so indolent, that the patient usually dies before a perforation can occur. The lower part of the ilium is sometimes found almost gangrenoid in appearance; dark greenish-black in color, mottled with patches of dull reddish, and minute spots of bright, florid red. In these cases, ulcers are usually to be found; the mucous membrane is in a state of more advanced disintegration; and a perforation is quite likely to occur. In other cases, quite as severe as those in which the above state of things is found, there is no reddening or gangrenous color of the intestines, nor do ulcers exist any where. The whole effect of the disease has been expended in thickening, contracting, and softening the walls of the canal. The large intestines are often no larger than are the small; and the latter feel under the fingers like small fibrous cords. Their color remains natural. On slitting up a piece of gut in this condition, the thickening of the walls is seen to be excessive. The mucous membrane is greatly tumefied and softened, the valvulæ conniventes appearing like heavy, soft cords around the intestine; still the color of the mucous membrane remains natural; nor is there any active inflammation or disintegration. This excessive thickening and softening of the gut seems in inverse ratio to the amount of ulceration or disintegration.

In one fatal case of chronic diarrhœa, there were found *two* well-marked *intussusceptiones* within a foot or so of each other, on the jejunum. The invagination in one of them amounted to two inches, in the other to one and a half. Both were evidently of long standing, from the contracted diameter of the contained, and the enlarged calibre of the containing portions. The invagination did not in the least obstruct the passage of the liquid fæces; nor was there any sign whereby to diagnose their existence during life, except some pain over the affected part.

The kidneys, as stated by Prof. Clark, are nearly always larger than natural, and light colored. Ordinarily they present some fatty or granular degeneration, the cortical and medullary portions being scarcely contra-distinguishable; more rarely they are found quite healthy in appearance.

The co-existence of this disease with morbus Brightii seems to have been pretty clearly established; but that it is the cause of the latter, in those cases in which the two co-exist, is not so evident. While it seems very probable that the spanæmia and general cachexia brought about by the diarrhœa, may be the exciting cause of the degeneration of the kidneys. It is quite rational to suppose that when Bright's disease exists in an otherwise healthy man, it may be a powerful predisposing cause of an attack of chronic diarrhœa; the exciting cause being exposure, imprudence in diet, etc., which perhaps would not have been sufficient to produce the disease had not the kidney affection pre-existed. On this supposition, the action of Bright's disease in producing diarrhœa would be much the same as that of phthisis, or other constitutional cachexiæ.

Editorial Department.

Periscope.

FOREIGN.

On the Dignity of Ancient Pharmacy.

The following very interesting article on ancient pharmacy and the practice of medicine is by M. Donovan, M. R. I. A., Hon. Member of the Philadelphia College of Pharmacy. We copy from the *Dublin Medical Press*.

"As the discovery of direct remedies for derangements of health would be the natural object of research amongst those who, in the infancy of society, interested themselves in the relief of human suffering, so pharmacy would be cultivated long before the slower process of investigating the nature of diseases, or distinguishing them.

"Pharmacy is, therefore, the most ancient branch of the medical art. Were a proof required of the dignified position which it occupied in the early ages of the world, it would be found in the preservation of its records from remote antiquity; for its benefits were universal, and all mankind were interested in their perpetuation.

"There are many historical proofs of the honor in which pharmacy was held; not only did the physicians of emperors invent and compound medicines, but emperors themselves; princesses addicted themselves to the same pursuits; nay, we find prophets and apostles occupied in compounding formulæ. A few of the more remarkable instances will sufficiently establish this point.

"The Emperor Aurelius, on the death of Demetrius, appointed Galen to be the compounder of the celebrated Theriaca. Galen was held in the highest estimation by the Emperor; and the appointment was a token of his friendship; for so much venerated was the art which produced a medicine of such

extraordinary, or, as it might well be said, extravagant virtues as it was supposed to possess, that none were raised to the office of compounder but physicians of the highest reputation.

"Avicenna was physician to the Sultan of Bokhara, and also his grand vizier; he was the companion of princes and nobles, the first physician of his day, and the great leviathan of philosophy in the universities of Europe. There is evidence that he compounded with his own hands.

"Menecrates, physician to Tiberius, invented and prepared the celebrated diachylon—a plaster which has preserved an undiminished reputation for eighteen centuries, and will probably continue to do so for as many more.

"Dioscorides of Anazarba, the great authority for materia medica for ages, was physician to Nero, or, as some think, to Anthony and Cleopatra. Antonius Musa, of celebrity inferior to few, was physician to Augustus, from which prince he received honors and many proofs of friendship, in return for his having saved his life in a dangerous disease. Pliny says the disease was inflammation of the bowels, but Suetonius calls it a disease of the liver. His practice is worth mentioning in this case. This celebrated physician prescribed lettuces, cold baths, and cold drinks!

"Menecrates of Syracuse, the physician, friend, and intimate of Philip of Macedon, not content with the highest honors that could be conferred upon him by his patron, assumed to himself the style and dignity of a god. He named himself Jupiter Menecrates, and appeared in public attended by an Apollo and an Æsculapius of his own creation. Philip, however, brought him to his senses by inviting him to a feast, where, while the other guests were enjoying the delicacies of the table, this new Jupiter was regaled with incense and perfumes at a side table. The god understood the hint, did not like the jest, and retired in confusion.

"Democedes of Crotona, was the intimate friend and constant guest of Darius the Great, and such were his talents that, from being an obscure person of indigent circumstances, he rose to the highest rank, and was the founder of the reputation of the medical faculty of Crotona. His history is curious, and a sketch of it will illustrate the treatment which medical practitioners sometimes experienced at the hands of power. The facts are related by Herodotus.

"Democedes when young was compelled by the irritable temper of his father to leave his home and seek his fortune. He settled at Ægina, but was so poor as to be unable to procure the instruments necessary for his profession; yet such was his skill, and so great the character which resulted from it, that his income for the fourth year amounted in our money to nearly £1,000. Polycrates, usurper of Samos, became his patron and retained him as his physician; but Polycrates, becoming an object of the unjust anger of Orœtes, governor of Sardis, was barbarously crucified by him, and Orœtes detained Democedes and others as slaves. Darius, disgusted at the crimes of Orœtes, caused him to be assassinated, and all his treasures and slaves, amongst whom was Democedes, to be brought to his capital. Darius one day, in the act of alighting from his horse after hunting, chanced to overstrain his ankle, and having some Egyptian physicians about him on whom he placed great reliance, he put himself under their care. These, however, according to the practice of their country, used rough measures with the limb, and twisted it about in such a manner as greatly to aggravate the injury. On the eighth day, the monarch having passed a restless night, and being in great pain, commanded Democedes to be brought before him, for he had been informed of his skill. The latter, found amongst the slaves, was led forward in his rags and fetters. He at first denied his skill, fearing that to avow it might cause his further detention. But Darius was not to be trifled with, and he ordered the doctor's faculties to be cleared by the application of whips and goads, the very naming of which induced Democedes to confess himself not quite so ignorant. In fine, by the application of mild remedies, according to the Grecian practice, which was in this instance opposed to that of Egypt, the ill effects of the previous violent measures subsided, and a complete cure was effected. As a reward for his services, he received from each of the wives of Darius a goblet full of gold pieces. He soon became possessed of a spacious house, lived in splendor, and was a constant guest at the king's table; but the Egyptian physicians were not forgotten: their ignorance excited the wrath of the monarch, and for the crime of being excelled in skill by a Greek, Darius was about to spit them on stakes of wood—a sentence which would certainly have been executed but for the intercession of Democedes, who at length procured their pardon. A short time after, he proved equally successful with Atossa, the wife of Darius, who had a tumor in the breast, and having cured her, she aided him in a stratagem, and he escaped to his native city, Crotona, where he founded a school of medicine. Owing to the great talents of its founder, this school soon acquired a high character, and shed its lustre on the whole profession at Crotona, the physicians of which were at length considered throughout all Greece the most eminent of the faculty.

"The crowned heads of antiquity personally devoted much of their attention to pharmacy, and contributed not a little to its *éclat*. A prince who had the welfare of his subjects at heart, could not do better than encourage by precept and example the improvement of an art than which none ranks higher in point of utility to mankind.

"We are informed in Scripture, that King Solomon was celebrated for his knowledge of natural history. He spoke parables about beasts, birds, fishes, and trees, from the cedar to the hyssop that springs from the wall; of course their medicinal properties were the chief object of his study. When the celebrated Alexandrian Library was burnt during the siege of the city by Julius Cæsar, it is said that Solomon's 'History of Plants' fell a sacrifice to the flames, along with some fragments on magic. There is evidence that even before Solomon's time some of our most powerful and useful medicines were known, and their application in certain instances well understood. There is on record a prescription of those times, which is the earliest in the medical annals of the world, being three thousand years old. If we can rely on the testimony of Nicolaus Alexandrinus, who lived perhaps one thousand six hundred years ago, this prescription was compounded by no less a person than King David. From the little that can be collected on the subject, it would appear that the King had a consultation of physicians, and that they compounded for him a formula consisting of opium, aloes, saffron, lignum aloes, myrrh, and various spices, made into an electuary with honey. Amongst its enumerated virtues, we find it relieves melancholy—a state of mind under which the royal psalmist seems in no small degree to have labored at times, and it is probable that nothing more effectual for procuring temporary relief could be produced in the present day than this most ancient prescription.

"King Antiochus favored the world with the invention of a supposed antidote to all sorts of poisons; for the despotic monarchs of antiquity seemed to have lived in constant apprehension of the infusion of some mortal dose into their food. It consisted of some seeds and herbs, and instead of possessing the power of counteracting poisons, it could scarcely have had any medical virtue of any kind. Absurd as its pretensions were, such was its attributed value that the prescription was engraved on stone at the entrance or most conspicuous part of the temple of Æsculapius. Antiochus prescribed it for his son, to whom he was exceedingly attached.

[To be continued.]

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, AUGUST 8, 1863.

THE SICKLY SEASON.

The trying season to our armies in the field, and especially to those in the far South, is upon us. If there are no epidemics this year there is every reason to anticipate that there will be less sickness this year than there was last, as our armies are weeded of much of the unsound material they contained, and the men who remain have become somewhat acclimated. It will be remembered, that with the exception of a few cases of yellow fever at Key West, Florida, and at Port Royal, the posts occupied by our troops on the Southern seaboard, were unusually healthy last year. Not a case of yellow fever, we believe, was reported from New Orleans—a very unusual circumstance. This was no doubt in great part attributable to the sanitary measures adopted by General Butler, then in command at that point. Whether these posts will be as exempt from disease this year remains to be seen, and much will no doubt depend on the sanitary precautions taken by the generals in command at the different military stations.

That there is some reason to fear epidemics of yellow fever this year is to be inferred from the fact, that the disease is prevailing at some of the West India ports, and that a number of cases have arrived at quarantine in New York, enough to excite considerable apprehension. We see it stated also, that sickness is greatly on the increase at Vicksburg, Miss., and that the disease is a "malignant congestive fever of a typhoid type."

One thing which may be regarded as rather favorable than otherwise for the health of the troops, is the fact, that in nearly all the departments, particularly in the more unhealthy locations, there is just now great activity. Activity, with judicious sanitary precautions, will prove the best prophylactic against sickness.

THE UNITED STATES PHARMACOPŒIA.

We are happy to announce to our readers that the spell of the Pharmacopœias is broken by the appearance of the revised United States Pharmacopœia. For two or three years past the Pharmacopœias of Great Britain and this country have been in process of revision. Some disagreement about weights and measures seems to have been the trouble in Great Britain. What it was here, we could never exactly make out, but suppose it was in some way connected with the disturbed condition of the country.

Considerable improvements have been made in this edition, which will be noticed more at length hereafter, our object now being simply to announce the appearance of the work, which we know has been anxiously looked for by many of our readers.

We trust that the appearance of the Pharmacopœia will be followed by the speedy publication of a new and revised edition of the United States Dispensatory, which is much needed.

We are glad to learn that a new edition of Parrish's Pharmacy, which has been awaiting the appearance of the Pharmacopœia will be soon issued.

All the above are exceedingly valuable works, particularly to the country practitioner, and should be found on the office table of every physician.

DR. LEHLBACH.

We are pleased to learn that Dr. C. F. J. Lehlbach, formerly associated with us as assistant editor of this Journal, is Assistant-Surgeon of the Seventh New Jersey volunteers. In view of Dr. Lehlbach's learning and ability we shall expect to hear of his rapid advancement.

Notes and Comments.

Yale College, New Haven.

This ancient institution held its Commencement on the 30th ult. The following graduated in the Medical Department:

Connecticut.—Albert G. Browning, Woodstock; Henry S. Cornwell, New London; Marcus B. Fisk, Stafford; Newton B. Hall, Branford; Thomas M. Hills, New Haven; Cyrus E. Humiston, Cheshire; Wm. C. Minor, New Haven; Wm. B. North, New Britain; Frederick S. Treadway, New Haven; Frank B. Tuttle, Naugatuck.

New York.—Judson B. Andrews, Mechanicsville; Charles J. Tennant, Franklin.

Massachusetts.—Charles G. G. Merrill, Newburyport.

American Dental Association.

The American Dental Association held its annual meeting in this city last week. There was a large attendance, and the proceedings were full of interest to Dentists. The meeting was called to order by the President, Dr. Watt, of Ohio. The following were elected officers for the ensuing year: President, Wm. H. Allen, of New York; Vice Presidents, J. H. McQuillen, of Philadelphia, and Wm. B. Hurd, of Brooklyn; Recording Secretary, J. Taft, of Cincinnati; Corresponding Secretary, C. R. Butler, of Cleveland, Ohio; Treasurer, A. C. Hawes, of New York.

An invitation was extended to the medical profession in the city to be present at the sessions of the Association.

The report of the Publication Committee was presented by Dr. Taft, of Cincinnati. The report, as presented, was received.

Dr. Atkinson, of New York, from the Committee on Dental Physiology, presented a valuable paper, which elicited a good deal of discussion.

The same gentleman made a report from the Committee on Dental Pathology and Surgery, which was well received. Both were referred to the Committee of Publication.

Niagara Falls was selected as the next place of meeting.

The following committees were then appointed:

Committee of Arrangements.—Drs. S. B. Palmer, P. Harris, S. P. Martin.

Committee on Publications.—Drs. J. Taft, W. A. Pease, C. W. Spaulding, H. R. Smith, H. A. Smith.

Prize Essays.—Drs. S. Dillingham, G. T. Barker, G. W. Ellis, A. C. Hawes, W. B. Hand.

Dental Physiology.—Drs. C. A. Kingsbury, J. H. McQuillen, C. N. Pierce.

Dental Chemistry.—Drs. Geo. Watt, T. L. Buckingham, H. A. Smith.

Dental Pathology and Surgery.—Drs. W. H. Atkinson, Foster Flagg, J. L. Suesserott, C. R. Butler, C. P. Fitch.

Mechanical Dentistry.—Drs. Thomas Wardell, J. G. Cameron, A. W. Allen, S. G. Martin, E. M. Skinner.

Dental Education.—J. H. McQuillen, J. Taft, H. R. Smith.

Dental Literature.—Dr. C. P. Fitch, J. F. Johnston, W. H. Allen.

The report of the Committee on Dental Literature was then presented by Dr. J. H. McQuillen. One of the principal features of this report was the advancement of a pure dental literature. It was referred to the Committee of Publication.

The report of the Committee on Dental Education was read by Dr. Ellis, of this city. Other papers were read by Drs. Flagg and Fitch, bearing on this subject. The papers, as read, were all referred to the Committee of Publication.

Papers on the following subjects were also read and referred to the Committee of Publication: On "Extraction of the Teeth," by Dr. Ellis: on "Irregularity," by Dr. Allen; on "Exposed Pulps and Alveolar Abscess," by Dr. Hawes; on "Dental Institutes," by Dr. Atkinson, and a paper on Dental Instruments, by Dr. Palmer.

Dr. Hawes offered the following resolution, through Dr. Flagg, of this city:

Resolved, That in our deliberate judgments the frequent and indiscriminate extraction of teeth for trifling, temporary and often wholly unnecessary causes, which has so long and so extensively prevailed, should not only be held perfectly inexcusable, but should be severely censured, and that an intelligent and patient remedial treatment for their restoration from disease and permanent preservation should be the first and highest aim and effort of our profession, and should also be most earnestly explained and recommended to the public. *And, further*, that in our belief, the progress of dentistry at the present day, has revealed resources varied and ample enough, when timely used, for the preservation of almost every tooth, so that the decay and extinction shall only be simultaneous with that of the human frame itself.

Dr. McQuillen offered the following:

Resolved, That a committee of five be appointed by this association, to confer with Surgeon-General Hammond, relative to the appointment of dentists to the military hospitals of the United States, and also to secure, if possible, prompt and efficient action on the part of Congress by having petitions prepared, signed and sent to that body from all parts of the country in favor of the measure.

The resolution was passed unanimously and Drs. McQuillen, Spaulding, Taft, Fitch and Wadsworth were appointed the Committee.

After the transaction of much other business, the Convention adjourned on the fourth day, to meet next year at Niagara Falls.

Surgeons and Assistant-Surgeons Wanted.

We would call the attention of physicians to a notice in our advertising columns, calling for Surgeons and Assistant-Surgeons for colored regiments. The demand for these is likely to be great, as many regiments of colored troops are in course of formation.

We transfer this advertisement to our columns from a newspaper, as we suppose the Surgeon-General desires to have it meet the eye of physicians, and, certainly the best medium for reaching the profession is through the medical journals.

A Mistaken Course.

The following extract from the editorial columns of our cotemporary, the *American Medical Times*, would indicate that its course in defence of the calomel and tartar-emetic edict of the Surgeon-General does not meet with the approbation of its subscribers. No amount of patronage from the Surgeon-General's office will compensate the *Times* for loss of independence:

"We would remind those correspondents who so frequently write 'private' or 'confidential' letters, approving or condemning the course of the *Medical Times* on various questions, that it is their duty to put their opinions in proper form for publication, and give them to the profession. A portion of this Journal is especially devoted to

the discussion of miscellaneous medical subjects, current topics, etc., and it is the duty of every one who desires to advance his profession to contribute his influence through this channel. We are always grateful for advice honestly given as to the course this Journal should pursue, but we would much prefer that every medical man should advocate his own views. To give the greatest possible inducement to persons who do not wish to have their names appear in connection with special subjects, we are willing to withhold the names."

Correspondence.

DOMESTIC.

ABSCESS OF THE BRAIN.

PHILADELPHIA, PA.
July, 1863.

EDITOR MED. AND SURG. REPORTER:—I was called on April the 8th, 1863, to attend STANLEY S., aged seven years; temperament bilious; has enjoyed good health until about nine months ago, when he had scarlatina of the simple type, from which his recovery appeared to be perfect.

A few days ago his mother discovered a tumefaction on the anterior portion of the temporal bone, on the left side, extending from its superior portion to the superciliary process of the os frontis. This tumefaction continued to increase until the 25th day of April, when distinct fluctuation being very evident, my friend, Dr. S. R. MORRIS, at my request, lanced it. To reach its contents, it was necessary to penetrate the periosteum, the pus being confined between it and the bone. About one ounce of pure pus escaped from this opening; after the evacuation of which, we introduced a tent, withdrawing and replacing it twice a day for the space of a week. This treatment we continued for eleven days, when there being no longer any escape of pus, we allowed the opening to heal. Treatment: nourishing diet and as an alterative,

℞ Liq. ferri iodidi, gtt. ij.

Sig: Ter in die.

The patient now began again to engage in the ordinary pursuits of childhood, which he appeared to enjoy with a keen relish, being naturally of a lively and active disposition.

This favorable state continued until the 8th of May, when Dr. MORRIS and myself were summoned in haste to attend our little patient. We found him in strong convulsions which had continued from five o'clock in the morning until nine o'clock, when we first saw him. On examining the seat of the recent tumor, we found very slight tumefaction. Upon introducing the lancet, a few drops of blood and pus escaped, and with its exit, the convulsions immediately terminated, and our little patient turned upon his right side and fell into a perfectly natural sleep. From this time until the 24th of May he appeared steadily to improve, when we discontinued our visits.

On June the 30th, we were again summoned to see him, and saw him at nine o'clock, A. M. He was completely comatose, pupils very much dilated, and insensible to the influence of the strongest light; he appeared to be insensible to outward impressions; you might grasp the flesh with considerable firmness, and there appeared to be no consciousness of the pressure. Pulse, labored, slow, and intermittent, about forty-five per minute. Prognosis being most unfavorable, we informed his relatives that we had scarcely a hope of his recovery.

He died at eleven o'clock, same day of attack, without a struggle, as tranquilly as if passing into a calm slumber. An hour before death, for a few moments, consciousness returned, and he remarked to his mother that he knew her, but immediately relapsed into a comatose state.

Autopsy thirty-six hours after death, made by Dr. S. R. MORRIS. On removing the skull cap, the dura mater was found highly congested, slightly adhering to the surface of the arachnoid, the convolutions not presenting the rounded appearance natural to a normal condition. In cutting down the middle of the brain to the ventricle, the longitudinal sinus was found filled with water, the left half of the brain rather softened. Two-thirds of the left half of the cerebellum were completely converted into pus, following the fissure of the petrous portion of the temporal bone, extending downward to the medulla oblongata.

On removing the dura mater, the bone throughout its whole extent, where covered by the abscess, exhibited the appearance of rough, sharp sand-paper, and in places the bone had the appearance of having been partially absorbed. The amount of pus collected was eight ounces, of a perfectly healthy character.

No cerebral disturbance was complained of within five hours of the comatose state, excepting a slight headache, referred to the forehead. The day before death, the patient was playing with his little sister, pursuing her through the rooms.

The rarity of these cases may be inferred from the experience of the Marylebone Infirmary, where only three examples occurred out of many hundreds of examinations of cerebral complications made at the Infirmary during the space of six years.

C. S. BAKER, M. D.

CALOMEL AND TARTAR EMETIC IN THE ARMY.

[The following letter from Dr. Z. PITCHER, of Detroit, to the Editor of the *American Medical Times* is another indication of professional feeling on the order of the Surgeon-General striking two most important remedies from the supply table of the army. Dr. PITCHER is an old Army Surgeon, and has a right to speak on any subject involving the sanitary interests of the army. His present standing in the profession, too, is high. He is an Ex-President of

the American Medical Association, which, it will be remembered, explicitly condemned the order. Dr. Pitcher's remarks in reference to outside influences over the Medical Bureau are, we have reason to believe, well founded, and we would call special attention to them.]

"Participating in that national sensibility which causes Americans to shrink from the touch of anything that may tarnish our national escutcheon, I was wounded by the circular of the Surgeon-General, dated May 4, 1863, which directed calomel and tartar emetic to be 'struck' from the medical supply table of the army; and this the more deeply, because, from the official eminence of its source, it might be regarded on the other hemisphere as a proof of our professional retrogression. When contemplated from another point of view, whence it may be looked at as an evidence of our individual and national imbecility, as shown in the readiness with which we bend to every breeze of fanaticism, whether freighted with medical or political heresy, it is then sufficiently humiliating, and should be met with a rebuke from every conservative member of the profession.

"The efforts of the *American Medical Times* to justify this act, and to sustain and sanctify this error by its influence over its readers, have induced me to make this reply, not more to the circular than to the remarks of its editor in vindication of it.

"I can find excuses for the action of this officer in the fact that he has seen but little of military service, and knows but little from personal observation of the diseases of soldiers; and also in the influence imputed to the National Sanitary Commission over the Chief of the Medical Bureau, to the head of which commission, he being clothed with a sacerdotal pallium, we may, perhaps, justly impute a full share in the introduction of this species of medical fanaticism into the army of the United States.

"For the gentleman who made a speech in defence of the circular before the *American Medical Association* at Chicago, an apology may be framed on the supposition that it was for his interest to do so. The official relation of the parties renders such a supposition quite probable, and would, in other courts, impeach his testimony.

"Whilst in my own mind I can satisfactorily account for the action of the Surgeon-General, and apologize for the indiscretion of his friend in the Medical Association, I am entirely at a loss for an explanation of the course pursued by the editor of the *American Medical Times*, in bringing the influence of a journal heretofore aiming to be the exponent of the medical opinion of the country to the defence of an act offensive to that profession and insulting to the medical staff of the army. One reason given by the Surgeon-General for the erasure of calomel and tartar emetic from the army medical supply table, viz., that it was done in consequence of the teachings of 'modern pathology,' may deceive the readers of 'Physiological Essays,' but cannot mislead the students of historic medicine, who know how much therapeutics are indebted to empiricism, in its ancient signification, for the introduction of many important articles into the materia medica prior to the time of Galen, and who are also aware that the usages of that sect who tested the utility of remedies by experimentation still furnish the means by which judgments are formed of their claims to a position in our works on therapeutics.

"The other reason, judging from its position the first in importance in the estimation of the Surgeon-General, rests upon reports of the Sanitary Inspectors, who have assumed that certain forms of humid gangrene seen among the troops in the United States service are the effects of the administration of mercury; and from thence the conclusion is arrived at, that the evils consequent upon its use more than counterbalance the good to be attained by its further toleration as a remedy, wherefore it is 'struck' from the supply table of the medical department of the army. That neither of the parties advocating the enforcement of the order excluding calomel from the army hospitals should have uttered a doubt as to the nature or the cause of the gangrene alluded to, is a painfully significant fact, showing either ignorance of the medical history of the country or a disposition to stifle its teaching.

"If the facts assumed by the Surgeon-General to be true are not to be called in question, they only prove what all right-minded people admit, the predominance of evil in this world everywhere. All intelligent members of the medical profession know that the mischiefs done in the name of medicine outweigh the good it has accomplished. And what we admit to be true of medicine, we believe to be also true of law and divinity; but no sane person would on that account for one moment think that doctors, lawyers, and clergymen, should be expelled from civil society, any more than intelligent practical physicians would advocate the expunction of the name of a medical agent of recognized utility from the supply table of a hospital, because it had been converted in the hands of ignorance into an instrument of destruction.

"A very important question, pertinent to this discussion, seems not to have been asked, but if so, has not been answered; and that is: Have the cases of gangrene reported to the Medical Bureau been caused by the use of mercury, or the insalubrity of the season, or of the particular locality where they have occurred!

"More than thirty years ago, whilst on duty at a military outpost, I had opportunities of seeing cases of humid gangrene, such as have been described under the names of gangrenous erosion of the cheeks, gangrenopsis, and by that acutest of observers, the late Dr. Parrish, of Philadelphia, as a 'disease resembling the effects of mercury.' This disease was recognized as the product of malaria, and was especially familiar to the physicians residing at Natchez, on the Mississippi. Cases of this kind occurred in 1836 and 1839 as far north as Detroit; since when, owing to a notable change in the diathesis of epi-

demic disease, none have been seen of which I have any knowledge north of the Ohio river. So far from having been caused by the misuse of calomel, it was most successfully treated by heroic doses of this ostracised article.

"I think it now quite reasonable to suppose that the approach of a similar morbid cycle co-operating with the exposures of a hazardous service may have brought back the long lost cases of gangrenous erosion of the cheek. One reason for such a belief is derived from the condition of the sick found in the hospitals at Evansville, Ind., Paducah, Ken., Mound City and Cairo, Ill., and Memphis, Tenn., where I saw in February last instead of the destructive marks of excessive mercurialization, what I considered evidences of too cautious a use of mercurials in the early stages of the diarrhœas associated with or dependent upon hepatic torpor."

News and Miscellany.

Weekly Report of the Army Hospitals in Philadelphia.

The following is the weekly report of the army hospitals in this city and vicinity, ending on Saturday, August 1st. The reports from the different institutions are handed in at the close of each week to Dr. EBRA SWIFT, Medical Director, by whom they are transferred to the Surgeon-General:

HOSPITALS.	No. of beds vacant.	Tot. No. beds for patients.....	No. of patients admitted.....	No. returned to duty.....	No. discharged....	No. deceased.....	No. remaining.....
Vine street.....	47	200	5	....	..	..	153
Chester.....	....	....	99	....	..	39	1185
Nicetown.....	48	1080	18	....	5	2	1032
Summit House.....	11	550	4	10	3	..	539
Chestnut Hill.....	570	3100	100	6	10	3	2530
Germantown.....	50	685	4	....	..	..	688
West Philadelphia....	263	3933	3	115	9	3	3670
Turner's Lane.....	14	293	11	....	..	..	279
Christian Street.....	....	220	14	1	..	..	254
South Street.....	14	253	10	4	..	1	239
Islington Lane.....	53	60	....	1	..	..	7
Filbert Street.....	195	430	141	3	..	4	235
Camac's Woods.....	16	49	6	2	..	..	37
Broad street.....	27	700	6	....	..	8	673
Broad and Prime.....	183	250	2	....	..	..	67

Sanitary Condition of Vicksburg.

A correspondent writing from Vicksburg, under date of July 27, says:

Proper steps have been taken to improve the sanitary condition of the city. Dr. KITTO, on Gen. SHERMAN'S staff, has been appointed Health Officer, and Capt. TRESILLIAN, Engineer of Gen. LOGAN'S staff, is to survey the city and direct the work of removing everything offensive. The city is divided into eight Districts, each one in charge of a commanding officer. Each officer is furnished with a map of his District, and two prominent citizens (formerly Aldermen) act as guides within their respective Districts. The District Officers take the names of each person present, with the location of the houses, in blocks and streets, and compel the occupants to clear up all around their premises daily. Forty teams and three hundred negroes haul off the rubbish to the river. Fifteen hundred barrels of lime are ordered to sprinkle the drains, sinks, sewers and water-tables daily. In ten days the city will be perfectly clean.

Surgeons for Colored Volunteers.

Dr. JOHN N. LYMAN has been commissioned Surgeon of the Third regiment of Colored Volunteers. Ten Surgeons and Assistant Surgeons are yet wanted to fill vacancies in the colored regiments.

Tetanus Treated Successfully by Immersion.

At a meeting of the United States Army Medical and Surgical Society of Baltimore, Surgeon C. C. Cox reported a case treated successfully by immersion in the river. A large, muscular, colored man had fallen into the fire. The burn extended over the whole of one side of the neck and corresponding arm. He was brought forty miles to be put under the care of Dr. Cox. Dr. C. had given directions that only a part of the burn should be dressed at a time. This precaution was neglected, and tetanus resulted, probably from the cold air acting on so large a raw surface. Being a large muscular man, the paroxysms were correspondingly strong and violent. Chloroform was administered in large quantities by inhalation at every paroxysm to complete anæsthesia, and opium in full doses. For two days and a half the chloroform seemed to be of benefit and to partially control the spasms; at the end of that time it lost its power. Having heard that horses had been cured of tetanus by driving them into the river, Dr. Cox determined to try immersion in this case. The patient was taken by two strong negro men to the adjoining river and plunged in, then taken back and wrapped up in bed, perspiration being promoted. The paroxysms were evidently modified, and their violence diminished. This practice was continued three or four times a day for several days, during which the disease gradually subsided, and the man recovered. Dr. Cox stated that the good effects of every emersion were unmistakably apparent. He attributed the good effect of the cold douche to its sedative action on the spinal system of nerves. Dr. Cox made some remarks on trismus neonatorum, stating that sometimes it assumed an epidemic form in India. He adverted to the proposed method of cure by laying the child on its side in order to avoid pressure upon the occipital bone.—*Druggists' Circular.*

OBITUARY.

Dr. S. P. HILDRETH died of Enteric Fever, resulting in Hemiplegia, at Marietta, Ohio, July 24th, 1863, after an illness of three weeks. He was about eighty years of age, and had resided in Ohio about fifty-seven years.

Dr. HILDRETH was born at Methuen, Mass., Sept. 30th, 1783, and studied medicine at Andover with Dr. THOS. KITTREDGE. He began the practice of medicine in Hampstead, a small inland town of New Hampshire, in 1805, when less than twenty-two years of age. September 9th, 1806, he, being then twenty-three years old, started on horseback for Marietta, Ohio, arriving there on the 4th of the following month. In August, 1807, he was married to Miss RHODA COOK, of Belpre, Ohio, who still survives him. Dr. HILDRETH did not formally lay aside the practice of his profession until last April, after *fifty-seven* years of laborious practice.

Scientific and Historical Labors—His Publications.—Abroad Dr. HILDRETH was known, and well known for his scientific labors, for his various publications in medicine and several scientific subjects, and in local biography and history. Among his publications were, in 1808, a history of the Epidemic of the year 1807; in 1812, a description of the American Colombo, with a drawing of the plant; in 1822, an article on Hydrophobia, and another on a curious case of Siamese twins, in his practice—all of these in the *New York Medical Repository.* In 1824, in the *Philadelphia Journal of Medical Science,* a full history of the Great Epidemic Fever that visited the Ohio

Valley and Marietta in 1822 and 1823; and in 1825, in the *Western Journal of Medicine*, Cincinnati, an account of the minor diseases of the epidemic. In 1826, he published in *Silliman's Journal of Science*, New Haven, a series of articles on the Natural and Civil History of Washington county. From that time until his death, nearly forty years, he was a contributor to the *Journal*—such articles as descriptions and drawings of fresh-water shells found in the Muskingum and other streams, several upon geological subjects, touching upon the geology of South-Eastern Ohio, the salt-bearing rock, the history of salt manufacture from the first settlement of Ohio, the coal formation, etc. "The Diary of a Naturalist," on the Seventeen-year Locust in 1829, again in 1846, and from 1826 to the present time, a journal of the weather, amount of rain, flowering of plants, ripening of fruits, &c., for each year.

In 1837, Dr. Hildreth was one of the Assistant Geologists upon the State Geological Survey, and the report of his labors was published by the State, in connection with the reports of other geologists upon the survey.

In 1839, he was President of the Medical Society of Ohio, and delivered the annual address at Cleveland, a history of the diseases and climate of South-Eastern Ohio from its first settlement, which was printed by the Society. In the same year, he published a History of the Settlement of Belville, Western Virginia, continued in several numbers of the *Hesperian*, a magazine then published at Cincinnati, by William D. Gallagher and the late Otway Curry. In 1842 and 1843, he contributed many valuable articles to the *American Pioneer*, then published monthly at Cincinnati, by Col. John S. Williams. In 1848, was published his "Pioneer History." an octavo volume of 525 pages, "an account of the first examinations of the Ohio Valley, and early settlement of the North-West Territory." His volume, octavo, 539 pages, "Lives of the Early Settlers of Ohio," followed in 1852.

His Cabinet.—In 1830, Dr. Hildreth began in earnest the collection of a Cabinet of Natural History, from the fossils, insects, shells and plants of Ohio, and by exchanges of these, acquired minerals, insects, marine shells, &c., from other quarters. In a few years he had four thousand specimens in natural history, arranged in cases and drawers, labeled, numbered and entered in a catalogue—with many curious relics from the "ancient mounds." In 185-, he donated to Marietta College his cabinet, together with his scientific library, and various volumes, that are rare, upon the early history of the West. They occupy a room in one of the College Buildings—known as the "Hildreth Cabinet." This donation made Dr. Hildreth one of four or five of the largest benefactors of the College.

For most of the above facts we are indebted to an obituary notice of Dr. Hildreth in the *Register* published at Marietta, Ohio.

MARRIED.

Goode—Guthrie.—In Shelby county, Ky., July 30th, by Elder T. M. Allen, Dr. Robert H. Goode, of Vandalia, Ill., and Miss Virginia A., daughter of R. Guthrie, Esq., of Shelby Co.

House—Vervalen.—At Haverstraw, N. Y., July 14th, by Rev. A. S. Freeman, Henry H. House, M. D., of Englewood, N. J., and Elizabeth Permelia, daughter of Richard A. Vervalen, Esq., of Haverstraw, N. Y.

Newcomb—Hassler.—At Washington, D. C., on the 4th inst., by the Rev. P. D. Gurley, Prof. S. Newcomb, U. S. Navy, and Mary C., daughter of the late Surgeon Chas. A. Hassler, U. S. Army.

DIED.

Bell.—At Mount Clemens, Macomb County, Michigan, of phthisis pulmonalis, Dr. H. W. Bell, in the 60th year of his age.

Gunn.—At Hospital of Second Division, Third Army Corps, near Potomac Creek, Va., June 2d, of enteric fever, Assistant Surgeon Neil K. Gunn, First Massachusetts Volunteer Infantry, First Brigade, Second Division, Third Army Corps.

Dr. Gunn was a native of Nova Scotia, a graduate of Harvard at its last commencement and had been on duty with his regiment but about six weeks. He was buried with imposing military ceremonies, his funeral being attended by the Medical Staff of the Division and many other officers.

Holmes.—In camp near Germantown, Fauquier County, Va., on the 23d of June last, of diphtheria, after an illness of only six days, Dr. Freeland S. Holmes, Surgeon of the Sixth Regiment Maine Volunteers, of Foxcroft, Me.

Jackson.—On the 4th inst., at Providence Hospital, in care of Sisters of Charity, Washington City, D. C., of typhoid fever, contracted on the battle-field at Gettysburg, Dr. E. Owen Jackson, Assistant Surgeon Second Regiment P. R. V. C., aged 26 years, son of E. O. Jackson, of this city.

Wilcox.—On the 28th of July, T. Hamlin Wilcox, Esq., son of Col. James M. Wilcox, of Virginia, and grandson of John F. Lamb, M. D., of Frankford, Philadelphia.

METEOROLOGY.

July, Aug.	27,	28,	29,	30,	31,	1,	2.
Wind	S. W.	S. W.	S. W.	S. W.	S. W.	S. W.	S. W.
Weather	Cl'dy.	Cl'dy. Shw'r	Cl'dy. Shw'r	Cl'dy. Rain.	Cl'dy. Rain.	Cl'dy.	Clear.
Depth Rain		4-10	2-10		3-10		
Thermometer							
Minimum	78°	67°	68°	69°	70°	70°	75°
At 8 A. M.	82	77	77	76	75	78	83
At 12 M.	82	85	79	82	82	87	89
At 3 P. M.	76	86	80	78	83	89	91
Mean	79.5	78.7	76	76.2	77.5	81	84.5
Barometer.							
At 12 M.	30	30.2	30.2	30.2	30.1	30.2	30.2

Germantown, Pa. B. J. Leedom.

VITAL STATISTICS.	Philadelphia. Week ending Aug. 1.	New York. Week ending July 27.	New York. Week ending Aug. 3.	Boston. Week ending July 25.	Boston. Week ending Aug. 1.
Population in 1860	565,529	805,651	805,651	177,812	177812
Mortality.					
Male	250	393	37	50	68
Female	193	291	349	37	57
Adults	154	222	192	...	...
Under 15 years	272	.....	519	...	...
Under 2 years	229	.....	419	...	...
Total	443	684	722	87	125
Deaths in 100,000	78.43	84.90	89.61	48.92	70.29
American	352	513	555	58	96
Foreign	55	171	167	29	29
Negro	27	17	12	...	...
Zymotic Diseases.					
Cholera, Asiatic	...	...	1	...	1
Cholera Infantum	103	170	189	17	30
Cholera Morbus	1	...	12	1	...
Croup	2	3	4	4	3
Diarrhœa	12	32	37	3	8
Diphtheria	11	8	11	2	3
Dysentery	11	7	16	4	7
Erysipelas	2	...	...	...	...
Fever, Intermittent	...	...	...	...	...
Fever, Remittent	...	...	...	...	...
Fever, Scarlet	2	15	18	1	1
Fever, Typhoid	8	15	12	2	2
Fever, Typhus	...		12	1	...
Fever, Yellow	...	...	...	...	...
Hooping-cough	...	1	...	...	..
Influenza	...	...	...	...	...
Measles	2	10	3	...	...
Small Pox	...	2	2	...	...
Syphilis	...	...	5	...	...
Thrush	...	...	...	...	1
Sporadic Diseases					
Albuminuria	...	...	8	...	...
Apoplexy	4	8	6	...	2
Consumption	35	60	60	13	13
Convulsions	30	55	54	2	2
Dropsy	18	19	32	4	3
Gun-shot Wounds	31	...	...	2	2
Intemperance	8	...	7	2	...
Marasmus	18	39	59	3	4
Pleurisy	...	...	...	...	...
Pneumonia	8	...	19	1	...
Puerperal Fever	...	...	...	2	1
Scrofula	4	...	...	2	1
Violence and Acc'ts	11	72	33	5	8

TO CORRESPONDENTS.

For the information of those who are not authors, we will state that MANUSCRIPT INTENDED FOR PUBLICATION MUST BE WRITTEN ON BUT ONE SIDE of the sheet. If greater care was taken in the preparation of copy, much trouble would be saved to printers, and mistakes would rarely or never be made.

BACK NUMBERS.

Subscribers desiring old back numbers (excepting Nos. 304, 305, 308, 309, and 310, which are still due, and will be sent) will please remember and send money to pay for them and for postage, as many of the numbers are growing scarce, and we have to prepay the postage, two cents a number.

THE

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Original Department.

Communications.

ROUGH NOTES

Of an Army Surgeon's Experience, during the Great Rebellion.

By J. Theodore Calhoun,

Assistant Surgeon in United States Army, and Surgeon in Chief, 2d Division, 3d Army Corps.

No. 21.

Feigned Diseases.

Said a Medical Director of a corps to me one day: "I never believed in the doctrine of 'total depravity' until I came into the army, but now I am prepared to accept that and go further if it were possible." The remark was called forth by a conversation about feigned diseases, and I cite it here as a fitting introduction to an article upon the same subject.

It is difficult to bring to the mind of a practitioner in some quiet, rural district the zeal which some men in the army manifest to palm themselves off as sick men, and it would scarcely be believed until one has witnessed it for himself, how persistently men will attempt to malinger.

The term malingerer, which has always been in use in the army to designate a soldier who feigned disease, has been almost entirely superseded by a slang term, of the origin of which I am as ignorant as I am of its orthography, but which is pronounced "*Dead Beat.*" I may be pardoned for introducing it here, as its use is so universal among all ranks and classes, from Major-Generals to drummer boys, and because I have known of such ludicrous interpretations given to it by people at the North who heard it fall from the lips of an army officer. Like the word "skedaddle," which one now sees even in the official language of the sentence of a court martial, it is a word originating no one knows how, where, or when, but the use of which is universal.

The incentives to feign disease in the army are great, and the army practitioner has to be constantly on the alert to detect the true from the false. A regimental medical officer, if he knows his regiment as he should, will soon be enabled to single out the "*Dead Beats,*" and know who to suspect. But woe be to a medical officer fresh from civil life who takes charge of a "sick call" in an old regiment. Every malingerer in the regiment makes his appearance at the "call," and such pains as he suffers, and such complaints as he pours into the ear of the medical officer will almost make the latter believe that his predecessor has been some heartless brute who has been maltreating the poor fellows; but let him order them "on duty," and he will see at the afternoon drill the crippled rheumatic of the morning the erect and active skirmisher of the afternoon.

These malingerers are often very ingenious. They understand very well what diseases can be "played," (as they term it,) and what cannot. As an instance of this I may give the following anecdote, which I have from indubitable authority.

"A Board of Medical Officers were examining patients for discharge. They were in a wall tent, and after a patient had been examined and sent out, the following conversation was overheard between him and a comrade:

"What did they do with you, Jim?"

"I don't know; they didn't seem to see it."

"What did you have?"

"Pain in the side; bad cough, and fluttering at the heart."

"Oh! —— You might have known they'd find you out. All they've got to do is to thump you, (percussion,) and they know you lie. Why didn't you play rheumatism, carry a big cane, and howl like the —— whenever you moved your leg? Then you'd have had them."

This is the generally received opinion among the old soldiers, and some of them do simulate rheumatism so artfully that it is indeed difficult, if not impossible, without a knowledge of the character of the man, to determine whether the case is genuine or spurious.

A man who has once made up his mind that he will "play for a discharge," will pertinaciously adhere to his story, and will suffer all sorts of punishment and take the most nauseous potions before he will "give in." Let me mention an example or two.

F. P., Co. B, 5th Excelsior, was a Frenchman

of some forty years of age. He had been in the Zouaves D'Afrique of the French service for fourteen years, and at the time he came under my notice he was a private in the regiment of which I was surgeon.

He presented himself at sick call while the regiment was in Maryland, complaining of rheumatism in the muscles of the back and one leg, and was not at first suspected. But as he took his medicine regularly, and as he got no better at all, my suspicion was aroused, and I made inquiries in his company from which I learned that he was by profession a juggler, or, as that class of performers now style themselves, a *prestidigatateur*—that his nights were spent in gambling, and that every thing tended to show that he was a malingerer.

At the next morning "call" I told him that I knew all about him—that his disease was all assumed, and I directed the orderly-sergeant to put him on duty.

He protested, begged and threatened in turn, but I was inexorable. He was compelled to go on duty, but he still persisted in his rheumatism and limped after the most approved fashion.

After a month's trial his captain requested me to try him again with medicine and see whether a somewhat active course of treatment would not bring him to terms. I accordingly tried active purgation, blisters, and low diet, but with no effect. The disease got worse instead of better, and he would wake up his comrades at night by his cries of pain; he would apparently writhe in agony, and the sweat would appear in great drops upon his brow. I watched him very narrowly and still adhered to my opinion. The officers of his company, however, feared I had been mistaken, and that he really was sick.

I cleared him out of the hospital and reported him for duty; but after trying various punishments without success, and after trying with alike ill success to get me to consider him sick, his company officers gave him up as a case beyond their power to manage, and he did about as he pleased, occasionally doing a little guard duty or helping around the cook tent.

On one occasion he came to me, and after apologizing in the Frenchiest style of polite obsequiousness for the trouble he had unavoidably given me, informed me that a vapor bath was the only thing that would cure him, as that had relieved him while in the French service after long years of suffering. If I would sign his discharge papers he would go to New York, get cured by a vapor bath and immediately re-enlist. I told him that there was no necessity for his doing that, as I would arrange to give him vapor baths in camp. With a sang-froid unimaginable he quickly replied, that that would never do, as after the bath he must needs keep housed, and that a tent would not answer to stay in after the bath.

Shortly after this, and after he had been malingering for three or four months or more, I was one evening just about dusk coming out of a tent near the color line (where I had been to visit a patient "sick in quarters") and espied my troublesome rheumatic running at full speed across the parade ground.

A wagon with pies had been in camp and was about leaving, he wanted a pie and had halloed to the driver of the wagon in vain, when seeing no one observing him, he made a run for the wagon when he suddenly confronted me.

His game was up, and with the utmost nonchalance he repeated to his comrades how "Monsieur le Docteur" had surprised him. A few days after I asked him what tempted him to keep up the deception so long and endure so many punishments. Striking his pocket and jingling the gold, (for Government was then paying specie,) he laughingly replied in his broken English, to the effect, that when out of money he was very sick that he might spend his time in gambling, at which he was most expert, and from which he realized large sums.

After the battle of Fair Oaks he again commenced his malingering, but his former expose prevented him from having much success. I recollect, however, on one fatiguing march he positively refused to go further, and the colonel tied him behind a wagon. He watched his chance, untied himself, and fell behind, and on the appearance of an ambulance went through his terrible contortions, was picked up by the ambulance driver, and when we halted for the night we found him quietly cooking his coffee, (the ambulance having passed us,) and as we rode in he saluted us (a quiet smile of triumph on his face) with a polite military salute and a pleasant "Bon jour, Messieurs."

I remember another case where I treated two men of one company for rheumatism for nearly a month. They would get better, and every rainstorm would make them worse. They shammed it so well and bore such a good name in their company, that I never suspected them. One morning, however, when they had been complaining of a severe relapse, my Hospital Steward observed them amusing themselves by jumping a ditch about six feet wide—and they suddenly convalesced.

A most remarkable case of feigned insanity occurred in a regiment under the charge of a friend of mine. A supposed insane man was kept in the regiment for several months and his every action carefully and closely watched. He would sit for

hours together on the color line or in the neighborhood of camp, with a pole, and imagine himself fishing. He was at length discharged, and when leaving his camp, one of his old company said to him: "Bill, what did you make such a d—d fool of yourself as to sit out in the sun all day pretending to be fishing." Pulling out his discharge papers he replied, with a quiet smile, "I was fishing for these papers."

[To be continued.]

DISEASES OF THE EYE.

Antagonistic Action Between Opium and Belladonna—Granular Lids.

Translated for the Medical and Surgical Reporter,

By A. Metz, M. D.,

Of Masillon, Ohio.

In the International Congress of Ophthalmology, in Paris, last October, Graefe made some remarks on the antagonism which is observed between opium and belladonna in their action on accommodation and upon the dimension of the pupil. Graefe said: "Works on general therapeutics, as well as the observation of oculopupillar phenomena, reveal a state of antagonism between the action of belladonna and opium, in a general point of view, as well as with reference to the dimensions of the pupil. If the belladonna and its alkaloid dilate the pupil, opium and its alkaloids it is well known will, on the contrary, cause contraction. The inquiry arises, whether this antagonism does not go further, and, after having exerted their influence on the iris, whether opium does not influence accommodation in a manner contrary to the action of belladonna. We have injected the salts of morphia in the cellular tissue in the ocular region, and we have noticed that the contraction of the pupil was not the only phenomenon produced in this circumstance. Accommodation was also affected; the patient could no longer see far; this apparent myopy was quite real, as concave glasses neutralized it. What was, in this case, the effect sustained by accommodation? In which case did it depend on spasm? In what other must it be attributed to paralysis?

"A few reflections will enlighten us in this matter. It is known that on dividing the cervical fibres of the great sympathetic, the pupil contracts just as it does after the absorption of the salts of morphia. Now, on irritating the superior end of the cut fillet, the pupil enlarges as it does after the absorption of belladonna. If the same effects ought to be generally attributed to the same causes, we must then view the atropine as an active force which provokes contraction of the radiated fibres of the iris, and not paralysis of the circular fibres. Professor Ruete has demonstrated that in paralysis atropia still acts. In extending the same mode of action of atropia to the apparatus of accommodation, we ought to think that it apparently paralyzes accommodation only by the irritation it produces on the sympathetic fillets of the tensor of the choroid. It is known that the ciliary apparatus, like the iris, has two direct sources of innervation, the one cerebro-spinal, the other sympathetic.

"The force which presides over active accommodation is derived from the cerebro-spinal system; the other, which holds under its control the tensor of the circular fibres, is the ganglionic system, and it is upon this last system on which opium and belladonna act with opposite effects, the former paralyzing them, and the latter exciting them. We must not lose sight of the fact that the contraction of the radiated fibres corresponds to relaxation of accommodation, as paralysis does to the maximum convexity of the lens.

"The tensor muscle of the choroid, like the iris, is composed of a crown of radiated fibres, implanted by their internal extremity upon a circle formed of circular fibres in the manner of sphincters.

"The radiated fibres, placed under the influence of the sympathetic, contract in both organs under the reflex action of the sympathetic, or by the action of belladonna. Opium, on the contrary, paralyzes them, as does the division of the superior fillet of the cervical ganglion; thus evincing the action of sphincters."

Granular Lids.

In the same Congress, Dr. Anagnostakis, of Athens, (Greece) read a very interesting paper entitled "*Contributions historiques à la pathologie et à la thérapeutique des granulations palpébrales,*" in which the learned doctor proves that notwithstanding the attention given by great minds of late years to the pathology and treatment of granular disease of the eyes, and that notwithstanding the general belief that great progress has been made in that direction, in reality very little has been gained since the days of Hippocrates. Curiously enough, he proves by quotations that the popular pathological classification of granular disease of M. Hairion differs but little from that given by Aetius. According to the authority of Galen, tannin was applied to the lids in the form of gall-nuts. Hippocrates recommends local depletion, the excision of the granulations, general bleeding, and topical astringents, very similar to the popular treatment of the present day.

The tritoxyde of iron, lead, escharotics, fine sulphate of copper, verdegris, oxyde of zinc, mercury, antimony, and arsenic, are among the remedies in common use among the ancients in the treatment of this disease.

The doctor claims that the history of the pathol-

ogy and treatment has not been sufficiently studied, and that *national honor* has impelled him to fill up this lacuna by the production he presented. He concludes by saying: "Permit me, gentlemen, to conclude my short *mémoire* by a parable. I know a man who abandoned the old house he had received by heritage, and at great expense erected a fashionable structure. 'My friend,' I told him, 'at least save a great expense by using the material of the old house in the construction of the new.'"

Editorial Department.

Periscope.

FOREIGN.

On the Dignity of Ancient Pharmacy.

(Continued from p. 210.)

"Attalus, the last King of Pergamus, famous for his knowledge of metallurgy, was also well skilled in medicine and pharmacy. He invented several medicines which acquired great celebrity, and compounded poisons and antidotes, the effects of which he proved upon sentenced criminals. Our present ointment of white lead, and some other formulæ which have descended to us, are of his invention. Marcellus has preserved the following prescription which this prince used to prescribe for diseases of the liver and spleen, for dropsy, and for improving a lurid complexion. It consists of crocus, nardus, indicum, cassia, cinnamon, myrrha, schœni flores et costus. These are to be made into a confection or electuary with honey, to be kept in a silver box. The King's knowledge of metals taught him that the medicine would be injured by any other readily procurable metal."

"Mithridates, King of Pontus, perhaps invented the celebrated antidote called 'confectio Mithridatis;' but he might have improved it only, for some ancient authors think that the worthless secret was communicated to him by the physician Zopyrus. This may have been the same Zopyrus who compounded an antidote against mortal poison, and against pain in the stomach, liver, or spleen, for Ptolemy, King of Egypt, probably Lathyrus; it consisted of costus, thus masculum, piper album, flores junci rotundi, cinnamomum, cassia, crocus, myrrha et nardus, made into an electuary with honey. It was named 'Ambrosia.' It is related that certain criminals having been compelled to swallow poison, some got the Mithridatic confection and recovered, while others who did not get it died. Avicenna seems to have believed that Mithridates composed his antidote with his own hands; at least we may judge so from the emphatic language which he uses. He says, 'Confectio Mithridatis nobilis est confectio quam *fecit* Mithridates rex Ponti, et nominavit suo nomine, et *composuit* ipsam.' The use of the words *fecit* and *composuit* in the same sentence seems emphatic. Mithridates dosed himself with this wonderful alexipharmic, but by constant use of it he became inconveniently poison-proof; for when he found it necessary to poison himself he could not, and was obliged to apply to a friend to stab him!

"Juba the Second, the amiable and accomplished king of Mauritania, wrote books on natural history and on the virtue of herbs. Evax, a king of Arabia, wrote a book on medical botany, which he dedicated to Nero. Nero, himself, was a proficient in a branch of medicine which occasionally stood his friend. This imperial reprobate was in the habit of wandering about the streets of Rome at night in disguise, creating riots and committing all sorts of disturbances. He used on these occasions to get involved in pugilistic contests, during which he was often soundly thrashed, and seldom escaped without a black eye or two, and a face vying with the rainbow. Believing this was not a very reputable appearance for an emperor, he had the grace to keep by him in stock an ointment which he made of an acrimonious herb called thapsia, or deadly carrot, mixed with frankincense and wax. After these drubbings he smeared his face with his ointment, and next morning was quite free, as Pliny affirms, from all proofs of his well-merited punishment.

"Agrippa, King of the Jews, invented an ointment for debility of the nerves, which encumbered the Pharmacopœias of Europe until a few centuries ago. It bore his name, and so much did this narrow-minded monarch prize his secret, that he never could endure to communicate it to his subjects.

"The Emperor Adrian is said to have possessed considerable knowledge of medicine and pharmacy, and he also favored mankind with a royal antidote against all sorts of poison. It was called 'Adrianum,' and consisted of opium, henbane, euphorbium, and thirty-eight other ingredients of little power. The last royal medicine to which I shall allude, is one composed in the sixth century by the Emperor Justin, which continued in use for nearly one thousand years.

"The medical art was also understood and used for purposes which were not always the best, by princesses. From Diodorus Siculus we learn some historical facts, disguised in fable, it is true, but probably having reference to real persons and occurrences. Hecate, the daughter of Perses, studied the compounding of poisons, and was the discoverer of aconite, or wolfsbane. She made trial of every composition by mixing them with the food which was given to strangers; for it was the custom to destroy all strangers that came to or were cast on the island. Being thus grown skilful in the art, this accomplished lady poisoned her father and usurped his crown. According to Diodorus she had two daughters, named Circe and Medea. Circe was much addicted to the compounding of all sorts of medicines; she discovered the efficacy of various roots and herbs; learned much from her well-practised mother, but much more by her own industry; so that, as Diodorus believed, she left nothing to be learned by any that came after her that could advance the art. She, imitating the example of her excellent mother, turned her skill to an equally good account, for she poisoned her husband and usurped his crown, but perpetrated so many cruelties on her subjects, that she was at length expelled the kingdom. Medea, however, turned her knowledge to humane purposes. (Diodor. Sic. cap. iii.)

"Cleopatra, Queen of Egypt, wrote treatises on medicine, especially on the diseases of women. She made extensive experiments on poisons, and contrived various cosmetics, which in her own case she turned to good account.

"Besides crowned heads, the profession of medicine enumerates in its lists some of the most eminent philosophers of antiquity, who also invented and compounded remedies. Pythagoras and Democritus travelled all over Persia, Arabia, Ethiopia, and Egypt, and had conferred with the sages and learned persons called Magi; the great knowledge of medicine thus acquired they each presented to the world in the form of a book. Both of them publicly professed magic, but kept its mysteries secret. Pythagoras was certainly an extraordinary character; en-

dowed with qualifications of the highest order, personal and mental, he commanded admiration and respect whenever he appeared. He was a celebrated wrestler, then a popular accomplishment, and was skilled in oratory, rhetoric, poetry, music, and philosophy. On his return from his travels, he settled at Crotona, in Magna Græcia, where he founded a school, as well as a new sect of philosophers. His celebrated doctrine relative to transmigration, he, in all probability, purloined from the Egyptian priests; but it is certain that he supported it in a manner which he himself must have known to be false. He pretended that the soul of his deceased friend, Callipho, conversed with him night and day, and gave him the important advice not to pass over a place where an ass had fallen down. On the whole, one would be disposed to consider this celebrated character as a highly talented and successful impostor. The following specimen of his pharmacy may be interesting. It was famed under the name of 'Antidotum Pythagoras;' and we are informed that the great philosopher, having proved its efficacy, prescribed it for such of his dear friends as labored under stomach complaints, in *all* kinds of which it is affirmed to be successful. 'Recipe; Iridos drachmas octodecim et scrupulos duos; gentianæ drachmas quinque; zingiberis drachmas quatuor cum semisse; melano-piperis drachmas quatuor; mellis q.s. Detur in modum nucis.' Pythagoras also invented vinegar of squill; but the medicinal use of the squill was taught him by Epimenides.

"Empedocles of Agrigentum, a philosopher and an eminent poet, was celebrated for his knowledge of medicine. Of such consideration was he amongst his countrymen for his talents and social virtues, that they offered him the crown, but this proof of their affection he had the magnanimity to refuse. He was a believer in a modified doctrine of transmigration; according to his own account he had been a girl, a shrub, a fish, and finally a philosopher. Could he have sincerely believed this?

"Democritus, who had travelled to the same countries as Pythagoras in search of knowledge, seems to have been an equally eccentric genius; and such were his peculiarities that he was at one time supposed to be mad. He seems to have had a taste for chemistry; for he found solvents for different stones, made artificial gems and colored them with metallic oxides, and invented an atomic hypothesis, which, however, had little resemblance to that at present known. The following is one of his prescriptions; it does not evince much skill in the selection of remedies:—Take the spinal marrow of a hyæna, mix it with his gall and some old oil, and boil them all together. It was employed for all pains of the nerves. (Marcellus.) In the book written after his travels, he has given a prescription which inevitably leaves him in the dilemma of being accounted either a most credulous fool or a consummate knave. It is a composition which enables a man to have handsome, virtuous, and fortunate children. (Pliny.) Miserably for the votaries of beauty, the prescription is lost. The characteristics of the ancient physicians is the attributing of inordinate powers and too many virtues to inconsiderable remedies. Chrysippus and Dienches each wrote a book, wonderful to say, on the medical virtues of cabbage. (Pliny, Galen.)

"I shall give but two or three more instances of illustrious persons of ancient times who occupied themselves with the practice of pharmacy. The prophet Esdras, while in exile at Babylon, amused himself with compounding a medicine of his invention, which, up to a few centuries since, retained a place in the pharmacopœias of Europe. It consisted of no less than a hundred and fifty ingredients, and one of these consisted of forty; out of which number the prophet calculated that one at least should be capable of curing. He might have shortened his prescription and his labors by directing a little of all the medicines known in the world at that time to be mixed together. Those who wish to compound this polychrest formula of one hundred and ninety ingredients, will find it in full detail in the work of Nicolaus Præpositus.

"It is not perhaps generally known that St. Paul was an amateur in physic; yet Nicolaus Præpositus gives a formula which he calls Potio Sancti Pauli, and which, he says, was invented by that learned apostle. It is the same heterogeneous medley as all the medical prescriptions of that age. St. Luke, as is well known, was a physician; but I have not been able to gain any insight into his practice.

"On consideration of this list of emperors, princesses, philosophers, physicians-royal, prophets, and saints, who have in different ages of the world pursued the knowledge of medicine combined with pharmacy, we cannot fail to be struck with the antiquity and grandeur of the art, as it was then practised—a noble art cultivated for its own sake, without fee, but not without reward—as a branch of philosophy, and as an element of liberal education.—*Dublin Medical Press.*

DOMESTIC.

On the Arrest of the Secretion of Milk.

Mrs. F., æt 30, has had five children, and has been several times troubled with indurated breasts after labor. She was delivered by a midwife on the first of May inst., of a still-born child. I was consulted twelve hours after her accouchement, on account of some imaginary abnormal sensations, and put her at once on five-grain doses of iodide of potassium every four hours, directing frequent frictions of camphorated oil to the breasts, and keeping them covered with cotton batting and bandaged tightly, hoping by this means to prevent the formation of milk; this caused her some pain in them for twenty-four hours, when it gradually subsided. Had I commenced the treatment a little sooner, I feel confident it would have succeeded, as the quantity secreted on the setting in of the milk fever, was extremely small; to disperse it, I now conjoined with the iodide of potassium, half-drachm doses of the wine of colchicum, continuing the local application of camphor and the bandaging, and giving directions to take away a little of the milk, should the breasts become painful. They were slightly drawn twice, and in two days after the commencement of the colchicum (four days after confinement) I found the mammary gland flat, indurated and without milk. In twenty-four hours after this, I was compelled to suspend the use of the remedy, on account of its purgative action on the bowels, and now trusted to the camphorated oil alone to remove the induration, which it did completely in about a week. The breasts remain much smaller than natural, and the areolæ are of a dark brown color, and papillæ much enlarged. She says she has not had any trouble with her breasts since the first day, and denies feeling the least uneasiness in them. She finds, however, that she is not gaining her strength as fast as usual this time.

Dr. Locock remarks that the ill health that follows the artificial arrest of milk, is best relieved by laxatives; these I had found necessary to give a few days since, notwithstanding her pale anæmic appearance, as the costiveness with which she had been troubled seemed to be one of the causes of the excessive flow and continued red color of her lochia. She is now on the citrate of iron and quinine, and improving daily.

Extract of Belladonna: To Dr. R. H. Goolden, of St. Thomas' Hospital, the profession is indebted for again bringing into notice the extract of belladonna, as an application to the breasts for the arrest of the secretion of milk. He merely applies it to the areolæ.

Colchicum internally: And having noticed that cows

eating the colchicum plant in pastures, immediately became dry, he thought of trying the wine of colchicum, in half-drachm doses, at the same time that he was applying the extract of belladonna to the nipples; and in one case, where the breasts were very tumid, tender, painful and hard, within two hours they became perfectly relieved, the milk greatly absorbed, and what is very important, there was no fever or other inconvenience attending the sudden suppression of the milk.

Dr. Burrows, of Liverpool, who likewise has been very successful with the belladonna, gives conjointly with the colchicum, drachm doses of epsom salts, repeating the mixture every four hours; and finds that in thirty-six hours, the swollen, hard, tender and red breast becomes cool, pale and flaccid, being finally reduced smaller even than before pregnancy.

Dr. E. U. Berry, of Covent Garden, mentions two cases where in place of arresting the secretion, the belladonna seemed to merely relax the mouths of the lactiferous tubes, and give relief to the inflamed breasts by causing the milk to flow freely away into a bread poultice, and the suckling was continued afterwards. May it not have been the action of the poultice that produced this effect?

The belladonna does not seem to affect the milk in the breast, and the child may be applied at any time, after washing the nipples carefully.

Dr. A. K. Gardner, of New York, applies a plaster of extract of belladonna spread on kid, and leaves a hole for the nipple when it is desired to remove swelling and decrease the quantity of milk, and the child is allowed to suck without disturbing it.

Camphor: Dr. Harris, of Savannah, who has had much experience, prefers camphor to belladonna, and mixes it with glycerine; and we have long been in the habit of checking a too excessive flow of milk by frictions of camphorated oil, which have never seemed to affect the child in any way, although kept constantly at the breast.

Iodide of Potassium: This salt has been strongly recommended by some French and German practitioners. Professor M. Roussel, of Bordeaux, who has employed it in twenty cases of painful engorgement of the breast, finds that the iodide removes it generally in three days, and that the milk will return if desired, by discontinuing the remedy as soon as relief has been obtained: and farther, that six or eight grains in the twenty-fours, taken in divided doses, has proved more successful in his hands than when given in larger doses.

Dr. Gaillard Thomas applies the belladonna, and gives large doses of the iodide of potassium internally.

Tobacco: Tobacco ointment made by boiling an ounce of fresh tobacco in a pound of lard, is said to act similar to extract belladonna, and never to produce constitutional effects when applied to the breasts.

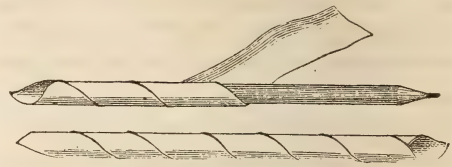
Sage: Taken in strong infusion, long since recommended by Van Sweiten, has often been resorted to with success to arrest the flow of milk.—*Canada Lancet.*

Medicated Cigarettes.

Cigarettes may be made of almost any variety of thick paper, but that kind should be selected that on burning yields a smoke most easily inhaled. I have always employed the heavy paper used for copy-book covers (olive pressings); thick blotting paper, however, makes a good cigarette, but the regular filtering paper does not answer as its smoke is dense and suffocating.

First, cut the paper into strips about seven inches long and an inch and a quarter wide, and next ascertain exactly how much fluid it requires to saturate twenty-five of these pieces. This is readily done by soaking them in an exactly measured ounce of water, when, on withdrawal, it will be found that about five fluid drachms of the liquid has been imbibed; this will give the key to the strength you are to make the solutions.

Next, saturate the slips with the remedy, and when nearly dry, gum or paste one border of each, and roll it around a pencil as shown in the following wood cut, afterwards withdraw the pencil, and the cigarette is made.



Arsenical Cigarettes.—Boil twenty-five grains of arsenious acid (the lump broken up is purest) in a Florence flask with four ounces of water down to the quantity required to saturate one hundred slips of the paper previous to rolling. They will then contain a quarter of a grain each. If you have not the usual apparatus, hang the flask above some live coals by means of a wire.

Mercurial Cigarettes.—Dissolve three drachms of red precipitate in three drachms of nitric acid, and add enough water to make up the quantity requisite to saturate one hundred slips of paper. They will contain about three grains of the nitrate of mercury.

Nitre Cigarettes.—Dip the paper in a saturated solution of the nitrate of potash before rolling.

Balsamic Cigarettes are made by giving the dried nitre cigarettes a coating of tincture of benzoin.

In the *British Medical Journal*, Dr. Nevins, of the Royal Infirmary School of Medicine, Liverpool, speaks highly of these cigarettes in a number of cases.

Aphonia.—A patient who could not speak above a whisper for over a year, probably due to the thickened condition of the chordæ vocales, as she had no pain or constitutional symptoms, used the mercurial cigarettes for a month, and perfectly recovered.

Offensive Discharges from the Nostrils.—With a sense of uneasiness in the frontal sinuses, was quite cured in about a month with the mercurial cigarettes. The patient held his nose after taking a mouthful of the smoke, and then forced it into his nostrils in the manner practiced by accomplished smokers.

Polypus in the Nose.—A patient who had been twice operated upon for polypus, is now able to keep the disposition to form fresh polypi in check by smoking the mercurial cigarette in the same manner when he feels that uneasiness which warns him of the danger of its recurrence.

Deafness.—When dependant upon an obstructed Eustachian tube, he finds the nitre cigarettes, made with brown paper, most successful, and that the smoke forced into the tympanum from the throat, gradually restores the sense of hearing. The circumstance which first led him to adopt this method, was hearing a deaf person on one occasion remark, that when he was sneezing the day before, he heard perfectly; the violent effort appeared for the moment to have dilated the Eustachian tube, and hearing was the result. He says, that in a deafness of seven years standing, he had benefitted a patient more by this treatment than by any other.

Phthisis.—Trousseau long ago recommended a puff or two of an arsenical cigarette twice or three times a day in phthisis.

When the attention of the profession has been duly aroused to this subject, there will doubtless be found many other affections in which medicated cigarettes may be advantageously employed, as in syphilitic ulcerations of the throat, ozæna, offensive breath, obstruction of the lachrymal duct, diphtheria, &c., &c.—*Canada Lancet.*

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, AUGUST 15, 1863.

OUR SURGEON-GENERAL ABROAD.

One effect of the Surgeon-General's order striking calomel and tartar emetic from the supply table of the U. S. A., is the license it gives to medical journals abroad to depreciate the medical service of our country. If, however, our own Surgeon-General could cast so foul a slander on the Surgeons in the army, and on the profession of the country as is implied in his Order No. 6, it will become us to receive with becoming meekness the lectures and admonitions of the foreign press. And past experience, and particularly the experience of the two years in which our unfortunate civil war has been in progress, shows what we generally have to expect from the foreign press when a seeming advantage is gained. To the London newsboy's cry, "Good news—General Lee's army in Pennsylvania!" is now virtually added in the medical journals, "Good news—Surgeon-General HAMMOND admits the inferiority of the American medical profession!"

The untruthful statements in the Surgeon-General's uncalled for order are calculated to do us much injury in the eyes of the profession abroad. It is not to be denied that some ignorant and incompetent surgeons have been appointed into the army. It was the Surgeon-General's business to weed out such, and put competent men in their places, rather than issue an order which virtually places them all in the category of quacks and impostors.

We can assure our cotemporaries abroad that the Surgeon-General's orders bearing on this subject, place our profession in a *false light*. Taken as a whole, there never was an army more ably served than the United States army is. Ignorance and pretension are to be found, but they are the exception and not the rule. Calomel and tartar emetic, so far from being abused in "innumerable instances," have, there is irrefragible testimony to prove, been *very seldom* abused. Our greatest incompetent, our foreign cotemporaries may rest assured, is our Surgeon-General himself, who never was a practical surgeon, but a mere experimenter in physiology, who, having some narrow ideas himself on some modes of practice, and being under the influence of some unprofessional friends who entertain sentimental and infinitesimal notions on the practice of medicine, does not hesitate to issue an untruthful order which is slanderous to every surgeon in the army. As to defences of the order by cotemporary medical journals, or men in this country, so far as we know, they are merely tubs to catch the whale, and have no real significance or weight.

One of our foreign exchanges speaks of the American medical journals having been remarkably barren of authentic and reliable hospital reports, and says that the true condition of the troops appears to have been carefully concealed. The Surgeon-General's orders are then quoted as an evidence why this has been done. The inference seems to our cotemporary a fair one, that the ignorance and bad management of the surgical staff of the army has been so disgraceful, that the facts were withheld by the press, until finally the head of the Army Medical Department was compelled "only in dire necessity," to issue his order taking from the profession the "edged tools" with which such a vast amount of harm is being done!

It is too true, that the American medical journals are remarkably barren of authentic and reliable reports from the military hospitals, but our cotemporary draws an entirely wrong inference from that fact. We will tell him why it is. "The head of the Army Medical Department" is collecting material for a Surgical History of the War, and army surgeons have been discouraged from publishing cases that have occurred under their observation, lest it should detract from the freshness and originality of the contemplated work. Surgeons are ordered to report their cases to the bureau at Washington, hence they do not get into the medical journals. Such exclusiveness is not in accordance with the spirit that should characterize the medical profession. In spite, however, of this spirit of exclusiveness, very interesting articles are published from time to time in our pages, from Surgeons in the United States hospital and field service. We know, too, that material is accumulating, which will ultimately see the light, in spite of the baneful influences which now surround the Surgeon-General's office.

OUT OF TOWN.

It is fortunate for the dwellers in our large cities that the sea-shore, the mountains and mineral springs are easy of access during the hot months of the year; and, we think it is particularly fortunate this year, when an unusual amount of wet weather has been succeeded by very great heat. To have our city population all remain at home under such circumstances, would be to run the certain risk of much sickness and a high rate of mortality. The few weeks, or even days, spent at the sea-side or among the mountains at this season of the year, has a very important influence upon our city population in a hygienic point of view.

Many thousands of the population of our large cities are to be found at this season of the year at the various sea-side resorts, Cape May, Atlantic City, Long Branch, Coney Island, Rockaway, Newport, Nahant, and elsewhere; at Saratoga, Bedford and other mineral springs; at such mountain resorts as the White, Cattskill and Alleghany Mountains, while many more spend the hot months in travelling in Europe, to the Canadian provinces, or anywhere in search of that staple of existence "pure fresh air."

Any one who witnesses the thousands of visitors to these various resorts, cannot fail to be impressed with the fact, that their absence from the pent up Uticas of the land must have a great influence in diminishing their mortality records. For despite the great diminution in population in the cities during the summer months, the increase in the mortality is frightful, as the following comparison between the number of deaths in the cities of Philadelphia, New York and Boston, for the weeks ending on or about the 1st of February and August, respectively, will show:

	Week ending Jan. 31, 1865.	Week ending Aug. 8, 1865.
Philadelphia	253	568
New York	423	970
Boston	71	180

In view of the beneficial influence on health, of an absence from the impure air of cities during the hot months, our profession should encourage the families over whom they have any influence to spend as much of their time as possible out of town. Those who cannot afford to travel or go to places of fashionable resort, can go to some quiet place in the country and board, or, they can at least avail themselves of the numerous avenues of exit from our cities where even small doses, as it were, of pure air may be taken every day or two. Many an infant's life is saved by taking them on daily trips on our ferry-boats or railway cars to the country, where their lungs may be expanded by air that is not loaded with the foul exhalations from our filthy streets, alleys and gutter-ways—and the often fouler air of the crowded and ill-ventilated tenements of the poor.

Private enterprize is throwing open to the population of our cities, at very small cost, many places of resort. From this city such popular places of sea-side resort as Cape May and Atlantic City are readily reached by rail, and means of accommodating visitors are in the main excellent. We would suggest that a little liberality toward our profession on the part of the corporators of our railways and the proprietors of sea-side and other resorts, might have a favorable reactionary effect. Physicians are about the hardest worked and the best abused class of the community, and the brief time that they can get to spend out of town should, when they are engaged in the active duties of their profession, be as nearly as possible free of cost to them.

Notes and Comments.

Great Mortality in New York.

The fearful number of *nine hundred and seventy deaths* were reported by the City Inspector, as having occurred in New York during the past week. This is an increase over the previous week of *two hundred and forty-eight*, and over the same period last year of *four hundred and two!* The deaths caused by the excessive heat reach the startling number of *one hundred and thirty-four*. Of the entire number five hundred and thirty-eight were children under five years of age.

Physicians wanted in Norfolk.

The following, taken from the *Norfolk Virginian*, bears us out in the remarks we made on pages 435–6 of the last volume in regard to the prospective demand for physicians in the South:

"We are requested, by the Mayor of Norfolk, to say that several physicians are wanted in this city, and can obtain immediately a good practice. The old physicians being required by an act of the

Legislature of Virginia to take the oath of allegiance to the United States Government, refuse to do so generally, and consequently there is but one doctor in the city qualified to practice.

"Loyalty and regular diploma are the qualifications required. Apply to

"W. H. Brooks,
"Mayor of Norfolk, Va."

Correspondence.

FOREIGN.

LETTER FROM W. N. COTE, M. D.

Geneva, *June 25th*, 1863.

[Continued from page 210.]

Typhus Fever.

Dr. Lombard, of this city, member of many Medical Societies, and for many years chief physician to the Geneva Hospital, publishes some observations suggested by a comparison of the post-mortem appearances produced by typhus fever in Dublin, Paris, and Geneva. You are well aware of the different views entertained in France and England on this important subject. On the one hand the French pathologists and most writers, such as Louis, and others, have described the continued fever named typhus, as being always attended by a certain pathological state of the intestinal canal, which begins with swelling and enlargment of the follicular glands, situated in the lower third of the ilium, and forming the oval patches termed *glandulæ Peyerianæ*. This process is, according to them, a constant attendant on typhus, and in fatal cases always ends in ulceration of the mucous membrane. The English pathologists, on the other hand, have stated that although they do usually meet with the state of mucous membrane described by Louis, yet they do not consider it as being an essential accompaniment of fever, and they maintain that fever of a continued and typhous character, is not necessarily connected with any particular morbid appearance or change in the intestinal canal.

Dr. Lombard after calling attention to the fact that he has been engaged for more than six years in close attention to this subject, and that he has seen a great number of fatal examples of typhus fever dissected, states that never in a single instance has he missed finding the peculiar state of the intestinal canal above referred to. The post-mortem appearances both in Paris and in Geneva, lead to the same results, whilst in Scotland, Ireland, and England, not a single trace of this morbid change can be found in any part of the intestinal canal, save some redness and softness of the mucous membrane of the stomach, which may be produced by inflammation, but more probably is owing to vascular congestion, occurring during the last stage of the disease, or even during the agony which precedes death.

As for the external appearances they are most undoubtedly the same: there is the same headache, pain in the loins, prostration of strength; the same pulse, hot and burning skin; the same depressed tongue, and in the latter stage of the disease, the same tendency to the formation of bed sores, and to involuntary discharges of stools. The same pulmonary and cerebral complications take place in both fevers, and bronchitis, pneumonia, determination of the blood to the head, and arachnitis, or at least engorgement of the meninges, occur in both.

Having said wherein consists the general similarity, Dr. Lombard next points out some of the most obvious differences. In the first place, then the papulæ or measles-like eruption which is always found in our continental typhus, but which never acquires any great extent or importance, is here most remarkable, both in appearance and in quantity, for cases are seen where is found a rash quite as diffused as that which distinguishes exanthematous diseases properly so called, and not dissimilar to the papular blotches which cover the skin at the first appearance of the eruption of confluent small-pox. Again, in the English fever, this rash is in bad cases mixed with true petechiæ, and in many of the very malignant ones with purple blotches or *vibices*, an occurrence very rare on the continent.

Another circumstance, is the occurrence of fever in infants and old people. In the English hospitals can be seen cases of fever attacking persons who have passed sixty, seventy, or even eighty years of age, and which exhibit the very same appearance, the same typhoid symptoms, and the same eruptions that are observed in young and middle aged adults. This observation applies also to infants, for it is reported that infants at the breast, often catch fever in Great Britain, a circumstance never witnessed in France or Switzerland.

Another symptom which must be considered as constituting a difference, is diarrhœa, which is much less frequent, both before and during typhus fevers in Great Britain, than it is in either Paris or Geneva. In general it seems that in the former country, the abdominal symptoms are less intense and of less importance than in Europe. Another difference Dr. Lombard points out, is the highly contagious nature of the fever in the British Isles, compared with that of the continent. No doubt the continued fever observed in France and Europe is contagious—there are undeniable proofs of its transmission by contagion—but yet its transmissibility from one person to another, is far less common here than in Great Britain. Here the attendants on the sick are seldom attacked, whereas in England the hospital nurses scarcely ever escape. In Paris the students who visit the fever wards, the clinical clerks who take the cases, and the physicians who attend them are not liable to this disease in a greater ratio, or at all events in a much greater ratio, than other persons residing in the same city, and unconnected with any hospital. In Great Britain, on the contrary, the very reverse happens, and it is rare to meet an individual of any of these classes, who has escaped being attacked with typhus. So far then the typhus on the continent differs as to the intensity of its

contagion from that endemic in Glasgow and Dublin. In one remarkable point, however, they agree, the fact that *no one is known, or at least very rarely, to have the eruptive typhus twice.* A person once attacked with typhus, attended with the measles-like eruption may safely calculate upon immunity from this disease for the future, a circumstance which, as has been well remarked by a Glasgow physician, stamps upon typhus one of the distinguishing marks or characteristics of the exanthemata.

Dr. Lombard attaches much importance to so striking a difference as the *constant* existence of a certain morbid state of the intestines in one case, and its comparative rare occurrence in the others. A difference the more remarkable, as being unaccompanied by any corresponding difference in the general or external symptoms. Some difference does exist between the symptoms of English and continental typhus—but then they are comparatively trifling, and not at all proportioned to the difference that ought to exist, if the state of the alimentary canal plays so important a part in producing these symptoms, as the continental physicians have been in the habit of believing. The question here naturally occurs, whether the two diseases are different or the same. Our author cannot allow that they are specifically distinct, and consequently he is almost forced to give up the opinion that the local changes of structure are of paramount importance in causing or producing the symptoms that accompany this type of fever. If they are of the importance which many assert, and if the state of the mucous membrane of the intestine, more particularly if the inflammation of Peyer's glands, and their subsequent ulceration, are the chief or the sole cause of the chain of symptoms observed in French typhus, how comes it that the very same set of symptoms occur in Great Britain, where post-mortem investigations place it beyond all doubt that their cause does not reside in a morbid state of the mucous membrane or of Peyer's glands.

All these considerations lead our author to the conclusion, that typhus fever is more a general disease affecting the whole constitution, than a malady depending on any local inflammation, or any local change of structure. Various causes serve to impress upon this general disease a tendency to associate itself with, and produce various local ailments, among these causes the most influential probably are, climate, seasons, the race of mankind, diet, and various circumstances, which act powerfully both on the mind and body, and which, when concentrated on any one point of time, have given rise to those epidemics of typhus that have so frequently devastated the different countries of Europe. This view of the subject must evidently lead to important practical results, for it will, in the first place, make us cautious in applying the treatment applicable in one European country to the typhus of another, for in the latter, local symptoms may exist that render that treatment inapplicable. Thus the system of active purgation might be pursued with less injury in Glasgow or Dublin, than in Paris or Geneva, where the peculiar proneness of the follicular glands to run into ulceration renders the irritation of purgatives a more serious matter.

DOMESTIC.

SALIVARY CALCULUS.

Wheeling, West Virginia, *Aug.*, 1863.

In the month of October, 1860, I extracted the enclosed specimen of salivary calculus. It occupied an excretory duct of the sublingual gland under the right side of the tongue. The accompanying cut

represents the calculus, full size.

The subject, æt. thirty-eight, was G. McD., of Beallsville, Monroe county, Ohio. At the time I was consulted and extracted the calculus, the tumor had existed over two years, and was the size of an ordinary almond. After subsidence of a severe inflammation of the throat, complicated with external swelling, which was followed by ulceration of the mouth and tongue, the tumor first attracted attention. The patient never suffered severe pain in the tumor, but when under the influence of cold he often experienced an "unpleasant cramping sensation," also, occasionally, lancinating pain.

During the interval of two years referred to, he could not discover much increase in the size of the tumor, except when under the influence of cold, at which time it became inflamed and enlarged. Pressing the side of the tongue upward, the tumor constantly interfered with the free use of that organ, which inconvenience was greatly increased when the tumor was inflamed.

For about six weeks after the discovery of the tumor, ineffectual efforts were made to reduce the "morbid growth" by means of caustics, and from that time till it came under my care the use of remedies was abandoned. Patient writes me, "I often felt uneasy on account of the tumor, fearing it might be of the nature of a cancer, and I was very much surprised when, upon examining, you told me there was something confined there that should be removed. * * * I have been entirely relieved and discover no appearance of its return."

John C. Hupp, M. D.

Army and Navy News.

Changes.

Dr. H. V. Dayton, Assistant Surgeon of the First New Jersey Cavalry, has been appointed Surgeon of the Second New Jersey Cavalry Regiment which is now being filled up by volunteers.

Surgeon J. M. Foltz, detached as Fleet Surgeon of the West Gulf blockading squadron and waiting orders.

Assistant Surgeon Wm. Longshaw, detached from the Penobscot and ordered to the Lehigh.

Resignation.

Dr. Perley, Medical Inspector-General of the United States Army, has resigned his position as Medical Inspector, and Dr. Barnes has been appointed his successor.

Some time since serious charges were preferred against Dr. PERLEY, among them that of signing soldiers' discharges in blank. A Court of Inquiry was ordered to investigate the charges, but before any progress was made Dr. PERLEY resigned.

Ordered Before the Retiring Board.

Surgeons J. J. B. WRIGHT and BURTON RANDALL have been ordered before the Retiring Board now in session at Wilmington, Del.

List of Hospitals in the District of Columbia and their Locations.

Armory Square hospital, Seventh street west, between C and D south.

Carver hospital, Fourteenth street west, at terminus of City railroad.

Columbian hospital, Fourteenth street west, at terminus of City railroad.

Campbell hospital, Seventh street west, at terminus of City railroad north.

Douglas hospital, corner of I street and New Jersey avenue.

Eckington hospital, on Gales's farm, northeast of city.

Emory hospital, near Alms House, east of the Capitol.

Finley hospital, Kendall Green, Fourth street, northeast of city.

Harewood hospital, Corcoran's farm," Seventh street west.

Judiciary Square hospital, Judiciary Square, Louisiana avenue.

Kalorama (small-pox) hospital, Rock creek, out Twenty-second street.

Lincoln hospital, one mile east of Capitol.

Mount Pleasant hospital, Fourteenth street, beyond Carver hospital.

Seminary hospital, (Georgetown,) corner of Gay and Green streets.

Stone hospital, Fourteenth street, near Columbian hospital.

St. Elizabeth hospital, (Insane Asylum,) beyond Navy Yard west.

St. Aloysius hospital, (Swampoodle,) North Capitol and K streets.

Stanton hospital, I and New Jersey avenue.

Weekly Report of the Army Hospitals in Philadelphia.

The following is the report of the Government Hospitals for the week ending with Saturday, Aug. 8th:—

HOSPITALS.	Tot. No. beds for patients.	Admitted.	Return'd to duty.	Transferred.	Discharged.	Died.	Remaining.
Chestnut Hill	3100	17	46	158	9	3	2242
Filbert Street	430	102	86	....	..	3	247
West Philadelphia	3933	5	78	275	5	7	3360
Chester	....	955	....	....	..	13	1125
Christian Street	220	14	4	4	..	..	256
Turner's Lane	293	6	21	19	..	2	242
Germantown	685	3	29	26	4	..	147
Summit House	550	1	....	20	..	2	513
Nicetown	1080	7	3	55	1	..	970
Broad and Cherry Sts.	700	22	1	27	..	3	657
South Street	253	7	1	16	..	2	258
Sixty-fifth and Vine	200	2	....	1	..	...	147
Broad and Prime Sts.	250	....	....	....	..	..	67
Islington Lane	60	....	....	....	..	..	7
Camp Whipple	49	14	10	....	..	..	4

News and Miscellany.

Pension Examining Surgeons.

Maine.—Drs. JOHN N. HOUGHTON, Phillips; MOSES S. WILSON, Lincoln; EDWARD N. MAYS, Houlton; STEPHEN WHITMORE, Gardiner; NATHANIEL PEASE, Bridgeton.

New Hampshire.—Drs. R. P. J. TENNY, Pittsfield; W. H. GRANT, Farnesworth.

Vermont.—Dr. NORMAN W. BRALEY, Chelsea.

Maryland.—Dr. THOS. H. OWING, Baltimore.

Illinois.—Drs. EDWARD J. TICKNOR, Newton; E. E. WALBORN, Mt. Vernon.

Coal Tar.

This is a very complicated substance, but of constantly increasing value in the arts. When carefully distilled, it yields certain volatile fluids, smelling more or less of tar, among which is a naptha called benzole. Small bottles of this benzole are sold for removing grease stains, under the name of "benzine collas." Benzole is next acted on by nitric acid, and by that means changed into nitro benzole, a liquid having so exactly the smell of the essential oil of bitter almonds, that it is substituted for it in the manufacture of almond soaps and of cheap perfumery. When iron filings and acetic acid act upon the nitric benzole it is changed into aniline, and this aniline when acted on by arsenic acid and some other chemicals, yields a great variety of very beautiful colors, which are coming into extensive use. These coal tar dyes formed quite a notable feature of the London exhibition. In one case was shown a cylinder of solid analine purple, which could easily be carried under the arm. It is valued at four thousand dollars, and required for its production the tar obtained from two thousand tons of coal.

Resignation of Prof. H. H. Childs.

At a meeting of the Trustees of the Berkshire Medical College, held recently, HENRY H. CHILDS, M. D., the President of the Institution, as well as its founder and father, resigned the Professorship of "Obstetrics and the Diseases of Women and Children," which he has held so many years. Dr. CHILDS' advanced age rendered it necessary that he should seek some relief—although a hale and hearty old age is his, which we trust will enable him to hold for years the Presidency of the College, which he still retains. In accepting the resignation the Board adopted unanimously the following resolutions:

Resolved, That the resignation of Dr. CHILDS requires from us more than a passing notice. For nearly forty years he has been the active head of the Berkshire Medical College—his usefulness having extended to a period almost unprecedented. During these years, by his energy, zeal and enthusiasm, he has achieved a wide-spread reputation as a medical man, and by his kindness of heart and courtesy of manner, a no less deserved name as a Christian gentleman. He has ever maintained a high standard of medical honor, and his pupils must forget to ignore his teachings before they could stoop to anything ignoble or ungenerous. With a quick appreciation of merit, however modest, and ever ready with the kindly word of needed encouragement, his pupils learned to love him, and thousands, through the length and breadth of our land, affectionately look back to him as a kindly foster-father.

While we regret the infirmities which compel the retirement of our venerable President, as an active instructor, we earnestly hope that his interest in the institution, which is so identified with his life and name, may not abate, and that he may long be spared

to speak words of cheer to the new generation of students, and to give the benefit of his advice and counsel to the Faculty and Trustees.

The Difference between Man and Ape.

At a recent ordinary meeting of the Anthropological Society, (London, Eng.,) a discussion took place on the above named subject after the reading of a paper "On the Brain of a Microcephalic Female Idiot." Professor Owen observed that as the brain of man is more complex in its organization than the brain of inferior animals it is more subject to injury, and more liable to experience the want of perfect development. Instances of idiocy occur among all races of mankind. Extreme smallness of the skull indicates in all cases want of intellect approaching to idiocy. Alluding to the attempts that have been made to find a link of connection between man and apes, he remarked that it was possible that an idiot with an imperfectly developed brain might wander into some cave and there die, and in two or three hundred years his bones might be covered with mud, or be imbedded in stalagmite, and when discovered, such a skull might be adduced as affording the looked for link connecting man with the inferior animals; but the brain of such an idiot as the female whose skull is exhibited is distinctly different from that of the anthropoid apes; and he expressed an opinion that the difference is too wide to be bridged over by the skull of any creature yet discovered.

ANSWERS TO CORRESPONDENTS.

☞ *Correspondents will please notice our reiterated request to give their full address in their communications to us. Our correspondence is very extensive, and it is necessary for us always to know the Town, County and* State *from whence their letters are sent.*

Dr. W. M. L., Ohio.—The price of the best articulated skeletons is now $30 to $35. The increased cost of ether, which is used in bleaching the bones, has added somewhat to the cost of the skeletons.

Dr. B. J. P., N. Y.—Only a small number of medical cadets is appointed in the U. S. Army. The pay of a regular cadet is $30 a month, rations and transportation being found by the Government. Application must be made by letter to the Secretary of War, at Washington, who will give all needed information. Excellent opportunities are afforded for acquiring a practical knowledge of many of the minor operations in surgery, and of witnessing the larger operations and the treatment of surgical cases.

MARRIED.

Clark—Clark.—In Boston, Mass., on the 11th inst., Rev. Edward L. Clark and Miss Susan G. P., daughter of Dr. Henry G. Clark, of Boston.

Cutter—Trow.—On Wednesday, Aug. 12, at the residence of the bride's parents, by Rev. Milton Badger, D. D., Dr. Jas. B. Cutter, U. S. A., and Miss Kittie S. Trow, being of the same age and name and married on the same day of the month and by the same clergyman as her mother twenty-nine years since, and second daughter of John F. Trow, Esq., of New York.

Horton—Dunnica.—In St. Louis, Mo., on Thursday evening, the 6th inst., at the residence of the bride's father, by the Rev. S. A. Mutchmore, Dr. Samuel M. Horton, Assistant Surgeon United States Army, and Miss Sallie K., youngest daughter of Judge James Dunnica.

Patterson—Cameron.—Aug. 13th, by Rev. Chas. Hill, Jas. B. Patterson, M. D., of Sterling, Ill., and Miss Sarah E. Cameron, daughter of the late Eli Cameron, Esq., of Philad'a.

DIED.

Darrach.—At Vicksburg, Miss., July 18, of dysentery, Bartow Darrach, M. D., Surgeon U. S. V., aged 33 years, at the post of duty in the triumphs of a christian faith.

Kirby.—In New York, suddenly, on Monday, Aug. 10th, Dr. Theodore Kirby, son of Dr. S. R. Kirby, in the 38th year of his age.

Parke.—At St. John's Hospital, Cincinnati, Ohio, Dr. Wm. W. Parke, of New York City, on Monday, Aug 3d, of typhoid fever contracted while in the employ of the Government as Assistant Surgeon in the gunboat service.

METEOROLOGY.

August.	3,	4,	5,	6,	7,	8,	9.
Wind.....	S. W.	S. E.	S.	S. W.	S. W.	S. W.	S. W.
Weather....	Clear.	Clear. Rain.	Clear.	Clear. Shw'r Thd'r Lin'g	Clear.	Clear.	Clear.
Depth Rain...		2-10					
Thermometer							
Minimum.....	76°	74°	71°	70°	66°	69°	71°
At 8 A. M.....	85	78	79	78	76	79	83
At 12 M.....	90	88	84	85	84	87	87
At 3 P. M.....	92	90	85	86	87	84	88
Mean.....	85.7	82.2	79.7	79.7	78.2	79.7	82.2
Barometer.							
At 12 M.....	30.2	30.2	30.2	30	30.1	30	30

Germantown, Pa. B. J. Leedom.

VITAL STATISTICS.	Philadelphia. Week ending Aug. 10.	New York. Week ending Aug. 10.	Baltimore. Week ending Aug. 3.	Baltimore. Week ending Aug. 10.	Boston. Week ending Aug. 10.
Popl'n, (estimated.)	580,000	950,000	240,000	240,000	180000
Mortality.					
Male	338	520	69	85	120
Female	230	450	62	69	66
Adults	212	386	54	60	92
Under 15 years	353	572	74	82	91
Under 2 years	282	462	47	62	*85
Total	568	970	131	154	186
Deaths in 100,000	97.53	215.55	54.58	64.16	100.00
American	432	636	...	...	121
Foreign	96	334	...	...	65
Negro	25	7	27	10	2
Zymotic Diseases.					
Cholera, Asiatic	1	...	...	...	...
Cholera Infantum	128	180	20	24	51
Cholera Morbus	4	22	2	...	1
Croup	2	3	2	6	2
Diarrhœa	14	66	...	...	2
Diphtheria	11	12	3	...	4
Dysentery	12	20	2	6	6
Erysipelas	...	2	1	1	1
Fever, Intermittent	...	1	2	1	...
Fever, Remittent	...	...	...	...	...
Fever, Scarlet	4	15	2	4	...
Fever, Typhoid	8	11	2	9	8
Fever, Typhus	1	6	...	...	...
Fever, Yellow	...	...	...	...	...
Hooping-cough	3	3	...	...	...
Influenza	...	...	...	...	...
Measles	7	11	...	...	...
Small Pox	2	3	2	5	...
Thrush	...	...	...	...	1
Sporadic Diseases					
Albuminuria	...	5	...	...	...
Apoplexy	4	23	...	2	9
Consumption	46	71	17	17	17
Convulsions	20	71	4	3	8
Dropsy	15	29	1	2	6
Gun-shot Wounds	20	2	...	...	...
Intemperance	3	2	1	1	4
Marasmus	30	8	...	...	5
Pleurisy	...	...	1	...	...
Pneumonia	15	...	...	...	1
Puerperal Fever	...	2	...	...	...
Scrofula	1	...	...	...	...
Sun Stroke	11	88	...	...	8
Violence and Acc'ts	13	153	4	4	3

* Under 5 years.

TO CORRESPONDENTS.

For the information of those who are not authors, we will state that manuscript intended for publication must be written on but one side of the sheet. If greater care was taken in the preparation of copy, much trouble would be saved to printers, and mistakes would rarely or never be made.

BACK NUMBERS.

Subscribers desiring old back numbers (excepting Nos. 304, 305, 308, 309, and 310, which are still due, and will be sent) will please remember and send money to pay for them and for postage, as many of the numbers are growing scarce, and we have to prepay the postage, two cents a number.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

ROUGH NOTES

Of an Army Surgeon's Experience, during the Great Rebellion.

By J. Theodore Calhoun,

Assistant Surgeon in United States Army, and Surgeon in Chief, 2d Division, 3d Army Corps.

No. 21.

Feigned Diseases.

[Concluded from page 142.]

It may seem strange that in an army of volunteers—an army from the people and of the people—men should go to such extremities and use such means and be so persistent in their efforts at deception, and it is strange, yet not difficult to be accounted for.

There is generally in every regiment some old soldier who knows the tricks, and perhaps teaches them to his comrades more for the fun of the thing or to show that he is "posted," than any thing else, and once started in a regiment it is sure to spread. All medical men know how a case of chorea placed in a ward of a hospital will soon be followed by other cases, and so it is with the feigned diseases of an army; men seem to follow the bad example set them from a pure spirit of imitation. But in the vast majority of cases there is besides incentives to feign diseases—the desire to escape duty, or punishment, or the anxiety to keep out of a fight for instance, or to procure a discharge. While it would be impossible within the limits of this article to dwell specifically upon every feigned disease, a few of the more common attempts at deception may be noticed.

Hernia is very nicely imitated by blowing up the areolar tissue with a fine pointed blow-pipe, something after the manner butchers are said to sometimes blow up the connective tissue of a sheep before exposing it in the market. At one time in the army, it is believed, that men made the production of hernia a regular business. And indeed it is done very cleverly, and at first sight, is calculated to deceive any one. To one accustomed to handling hernia, or who takes the trouble to feel for the ring, the cheat is transparent.

A very common deception is the production of simulated fever. A species of wild onion that grows abundantly in Virginia is used for that purpose. The bulb is peeled and introduced into the rectum. In about an hour a flushed face and accelerated pulse is said to be produced, which can easily be mistaken for febrile symptoms.

A brown furred tongue, quite commonly produced for deceptive purposes, is said to be the result of gunpowder chewed for awhile, followed by vinegar held in the mouth for some minutes. I remember well the surprise of an assistant-surgeon, newly commissioned, who had been telling me of the immense number of threatened typhoid cases in his regiment, when I told him of the deception. I am not prepared to say that this peculiar appearing tongue is produced as described exactly, (although I have been told so by good authority,) but it is somehow produced in a most perfect manner.

The swallowing of a small piece of tobacco is frequently resorted to for the production of the nauseating and prostrating effects which are well known to follow.

Rheumatism and insanity are shammed as before described, and in very many cases it becomes a most difficult matter to determine when a man is, and when he is not sick.

In some of the general hospitals at the North, very little effort has been made to detect impostors, and when our army has been laying near Washington and Alexandria, it has been not unfrequent for a perfectly well man to desert his regiment, reach some northern hospital, and in a few weeks get his discharge.

No doubt, there are many of your readers who can recall discharged soldiers in their own neighborhoods who are perfectly well and at work at their usual avocations; and it is not at all an uncommon thing for soldiers to get discharged and again re-enlist. Many of the discharged soldiers came out as officers of the nine months' regiments.

The system of wholesale discharges has been of very serious detriment to the service. Surgeons who have never served in the field can form but little idea of the value of a man to the service, and many of them, anxious to rid their hospitals

of what they esteem chronic and incurable cases, or deceived by the plausible stories of men of whose previous history they know nothing, or yielding to the importunities of friends or the influence of the sympathizing fair sex who visit their hospitals, or to the wishes of men of high political station, they discharge men who are able to, and should have been compelled to serve out their term of enlistment. The further removed from the seat of war the greater has been the want of discrimination in selecting the assumed from the real cases of disease; and as we are more and more beginning to consider war more of a business and less as a patriotic pastime, so we are daily becoming more rigorous in the granting of discharges.

The recently inaugurated Invalid Corps has done away with discharges to a very great extent, and will no doubt save many men to the service although it may in some instances be abused by cowardly pretenders seeking shelter in it from the dangers of the field.

The draft now in progress depends most materially for its success upon the detection by the examining surgeons of feigned diseases, and upon the reception of the drafted men in camp we may expect still more persistent efforts to feign disease to procure exemption from military duty.

The whole subject of feigned diseases is one well worthy of careful study, and a monograph upon the subject from some army Surgeon who has had the experience, and has the time and talents to devote to it, would prove of the greatest advantage to the army Surgeon, and of no small interest to the profession at large.

DEATH;

Causes which produce its sudden occurrence in Pulmonary Tuberculosis.

By A. P. Dutcher, M. D.,

Of Enon Valley, Lawrence County, Pennsylvania.

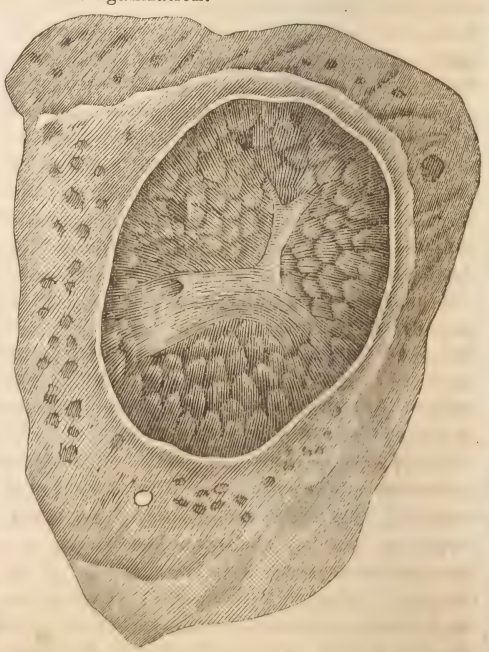
[Continued from page 195.]

IV.—Bursting of a large Abscess into the Bronchia.

Tubercular cavities are found in the lungs of various sizes; sometimes they are as large as a pea; then again they may be found large enough to contain a pint or more of matter. Indeed, it is a very common thing in phthisis, to find almost the whole superior lobe of a lung converted into one vast abscess. When an abscess of considerable magnitude suddenly bursts into the bronchia, there is always danger of immediate suffocation. I have met with several cases where the accident proved immediately fatal. The case of S., an intimate friend of mine, I shall never forget. He had been ill for several months with symptoms of phthisis. The disease appeared to be of the mildest form, and run a very lingering course. He was a sign painter by occupation, and was able to attend to his business until the day of his death. In the morning of that day he went to his place of business as usual. Returning home about the middle of the day, he complained of being very weak, and laid down for a few moments to rest. On being summoned to dinner, by some member of the family, they discovered that a very sudden change had come over him, he could not rise; his countenance was blanched; in a few moments he became speechless, and before the family could be gathered in he was dead.

In consequence of his sudden and unexpected dissolution, his family requested a post-mortem. This revealed the existence of a very large tubercular abscess in the superior lobe of the right lung, which had ruptured into the bronchia, filling it up in such a manner as to produce suffocation, which was the more immediate cause of the patient's death. If it had discharged gradually; his life might have been prolonged for months; but he could not have permanently recovered, for there were too many tubercular indurations in other parts of the lung, which would ultimately have softened and caused further disorganization of the lungs.

Abscesses that rupture in this way are generally encysted. Morton, in his Illustrated Consumption, presents the following diagram, which we regard a very good representation of this form of tubercular disorganization.



The abscess represented in the cut, was found

in the middle lobe of the right lung. The cyst was less than a line in thickness, and was composed of a sub-cartilaginous texture. Toward the bottom of the cavity was a cruciform cord of condensed pulmonary tissue, in which the remains of blood-vessels were still visible. The internal parietes of the cavity were straw-colored, and much corrugated. The surrounding pulmonary tissue contained irregular, blackish tubercles, with a solitary spheroidal, crude tubercle. The bronchia opened into the cavity by four or five large orifices.

V.—Sudden and profuse Hæmoptysis.

Although hæmoptysis is one of the first and most prominent symptoms that announce the approach of this fell disease, yet strange to say, it is very seldom the cause of sudden death. I have had phthisical patients under my care who have bled most profusely, but in no instance has it proved immediately fatal. As we have observed in another place, nature has taken the greatest care to prevent such an event. Tubercle being an extra-vascular deposit, when it is exuded in the interstices of the air cells of the lungs, it compresses their blood-vessels in such a manner that scarcely a drop of the vital fluid can escape. Bones, muscles, and cellular tissue readily disappear under the influence of ulceration, while blood-vessels remain almost perfect. Thus the walls of the pulmonary arteries, when surrounded by tubercular softening and ulceration of the pulmonary tissues, instead of sharing in the disorganization, usually thicken by the development of fresh materials, their caliber gradually diminishes; after a time they cease to be pervious, and are transformed into solid cords. And it is only in those cases, in which such vessels are suddenly torn before they are perfectly closed, that profuse hæmorrhage can take place from a tubercular cavity in the lungs. Hæmoptysis in phthisis, however, may and does frequently occur from other sources; it may proceed from the parietes of a granulating abscess, or as an exhalation from the bronchial mucous membrane, or even from a rupture of the pulmonary tissues. But it matters not from what source it comes, if it is very profuse, and the patient's strength has been very much exhausted by the tubercular disease, it may produce sudden death by the quantity lost, or by its accumulation in the air passages and suffocating the patient.

VI.—Acute Pleurisy, Pneumonia and Catarrh.

Pleurisy and pneumonia are very common complications of pulmonary tuberculosis; at one time they were considered the chief cause of the disease. This opinion was based upon the theory of the inflammatory and local origin of the malady, which is now generally discarded by all enlightened pathologists. Pleurisy and pneumonia never originate pulmonary tuberculosis. They may, however, by the local injury they inflict upon the pulmonary organs, and the system generally, in individuals predisposed to the disorder, lead to a more rapid development of it. An acute attack of either of these diseases, at any time during the progress of phthisis, is a circumstance of very grave importance. I have known cases to be very abruptly terminated by their invasion. An attack of acute bronchial catarrh is also frequently very fatal to patients suffering with pulmonary tuberculosis, particularly in the last stage of the disease, when the patient's strength is much exhausted, and his vital powers are at low ebb. The bronchial excretion is sometimes thrown out so rapidly that the patient has not the strength to expectorate it, and suffocation is the result. Patients in a promising condition are sometimes very suddenly carried off in this way. Dr. T. Thompson, in one of his lectures on Pulmonary Consumption, speaks of an epidemic catarrh which at one time prevailed in London, that was very fatal to his phthisical patients, removing some of them from the world very suddenly. And I have observed for several years, that when pneumonia and broncho-pneumony was very rife, the mortality from phthisis would be greatly increased. Patients that were in comparatively comfortable circumstances, would take suddenly worse, and die in a few days.

There are other causes of sudden death in phthisis, such as œdema of the lungs, emphysema, and profuse diarrhœa, but as we have noticed them elsewhere, it will not be necessary to describe them in this article.

Diphtheria among Army Horses.

A new disease seems to have lately broken out among the horses in some of the army camps. J. H. Thompson, surgeon of the Thirty-ninth New York Volunteers, stationed at Williamsburgh, Va., thus describes its symptoms and effects: "Four horses died in one battery within a few hours of each other. They appeared well in the morning, refused a portion of their oats at mid-day, and in the evening could not swallow anything; rapid exhaustion followed, and in a few hours they died. On opening the animals, the mouth, larynx, and trachea were found covered with diphtheritic membranes somewhat thicker and more tenacious, but in other respects resembling that found in the human subject in cases of diphtheria. If this is diphtheria in the horse, and I know of nothing else it is likely to be, is it with them a new disease? Or is it only new to me, because I am ignorant of its previous existence? Certainly none of the persons having charge of the Government horses around here know anything of the disease." It is to be hoped that this notice will arrest the attention of scientific veterinary surgeons, and that they will be able to apply a remedy.—*Scientific American.*

Editorial Department.

Periscope.

DOMESTIC.

Ovarian Tumor.

Dr. John O'Reilly, of New York, publishes an interesting case in which he operated for the removal of an ovarian tumor of large size. The following are the interesting points in the case: Married lady, fifty-five years old, mother of several children; tumor first appeared seven years ago. The tumor was firmly fixed, but the parietes were movable slightly upon it. There was no evidence of fluctuation. Forty drops of laudanum was given to keep the bowels quiet and *contracted* during the operation. Chloroform was administered. The attachments of the tumor were extensive, viz., to the uterus behind, and embraced by the Fallopian tubes on either side, to the third and fourth lumbar vertebræ, and along the sacro-iliac synchondrosis so far down in the pelvis that a vessel had to be tied low down in the recto-uterine space. The attachments were partly cut and partly torn through. Six or seven blood-vessels were severed, each being tied as it was divided. When the tumor was removed, the abdominal cavity was sponged out several times to remove the blood. During the operation the window was kept open, admitting a free draught of air: (it was on the first of July). The intestines were allowed to come out, and were not touched until the operation was over, when they were lifted in again. Vomiting having occurred, the stomach was thrown forward out of the abdominal cavity. Its contractions and dilatations could be plainly observed. The tumor was fatty fibro-cellular, and weighed over thirty pounds.

The edges of the wound were brought together first by a deep metallic suture twisted, embracing the soft parts external to the peritoneum, and by a common interrupted suture securing the integuments, adhesive plaster being applied in the intervals between the sutures. A towel folded flat, a pad of tow, and a many-tailed bandage, the two last tails being brought down under the thighs, up in front of the groin and fastened there to guard against any slipping, completed the dressing.

A draught containing two grains of opium was immediately administered, and after half an hour two grains more. Was ordered to have nothing but a small piece of ice, sucked occasionally, and to take two grains of opium every third hour, making eight grains between the hours of one and nine, P. M. After the last dose of opium she slept about three hours, and had no pain of any kind. The opium was continued during the night every third hour. In the morning, having rejected the anodyne draughts, opium pills were substituted and two grains given every third hour. At 2½ o'clock, P. M., on the second day, pain increasing, the opium was given at shorter intervals, and between that hour and 8½ she took fourteen grains. The pain being now relieved, the usual doses were resumed. On the third day, having complained of acidity of the stomach, three parts of sweet milk and one of lime-water was given in half-ounce doses occasionally. Otherwise, treatment as before. At 8½ o'clock, P. M., having suffered a great deal of spasmodic pain during the afternoon in the umbilical and right iliac regions and taken eighteen grains of opium without relief, a four-grain dose was given at once, upon which the pain ceased entirely, thus making *twenty-two* grains of opium between 2½ and 8½ o'clock. During the day she drank a quart of milk and lime-water, and sucked one orange. The opium was continued during the night in two-grain doses every third hour as before. She continued to progress well until the fifth day, when she drank some cream of tartar water and lemonade contrary to orders, which were rejected. The opium was given every sixth hour. On the seventh day the dressings were removed, as well as the pins and sutures. The whole wound had healed by first intention except the lower part where the ligatures came out. Not the slightest pain on pressure over any part of the abdomen. Unfortunately, however, for the ultimate success of the case, the patient on this day, perversely, against express orders, sent for six cents worth of cream of tartar, which she had dissolved in cold water, and drank off. Not relishing it, she sent to another drug store and procured three cents worth more, and thus took *nearly three ounces!* As might have been expected, the result was severe hypercatharsis. Opium, stimulants and restoratives were freely used, but without effect—and she died on the afternoon of the ninth day after the operation, a victim of her own folly. A post-mortem examination was refused.

Transportation of Compound Fractures of Leg and Thigh.

Dr. John Swinburne, of Albany, New York, communicates the following on the best method for the transportation of cases of compound and comminuted fractures of the leg and thigh to the *American Medical Times*.

"The plan I have recommended and adopted with entire success is to place compresses made of straw, hay, leaves, husks, or even sand-bags, between the legs and thighs. After drawing the broken limb down to its normal length, apply the compresses, and fasten it to the well one by means of a bandage cast lightly about them both, thereby making a splint of the sound limb. In this manner these patients can be removed for miles in ambulances, and changed or handled with less injury, discomfort, or inconvenience than with any other dressing with which I am familiar. The only care requisite is to see that the subsequent swelling from inflammation or infiltration does not destroy the vitality of the parts; cold water and the reapplication of the dressings will obviate this danger."

Sulphur Rendered Soft.

A young German chemist has discovered that, by the addition of a small quantity of iodine, pure sulphur is rendered perfectly soft, and may be formed into thin leaves as flexible as wax.

FOREIGN.

On the Use of Purgatives in the Treatment of Dysentery.

Dr. J. Delioux de Savignac, in the *Bulletin Générales de Thérapeutics*, says on this subject:

"After ipecacuanha, purgatives are the most suitable remedies for dysentery. Bretonneau was one of the first to demonstrate clinically the importance of this class of remedies in the disease in question, and the mortality returns, the relapses, and chronic cases have diminished since the evacuant plan has superceded the antiphlogistic in the treatment. Purgatives, in fact, increase the peristaltic movements and the muscular contractions of the intestines, and afford a free passage at first to the matters, such as bile and excrement, which are accumulated in their cavities, and afterwards to the new products of secretion drawn to them by the dynamic action of the drugs; in other words, they re-establish the normal conditions of defæcation, they produce an afflux of blood and serosity, acting upon the liver, the orgasm of which they moderate, and upon the vascular network of the mucous membrane, which they disgorge of its contents; and lastly, they induce diarrhœa. But only mild purgatives should be given, because it is essential not to irritate, and especially not to inflame the intestinal mucous membrane. The energetic and irritating purgatives are not at all suitable in dysentery, such as colocynth and croton-oil; and even the resinous kinds in general do harm, such as jalap, scammony, and aloes; and calomel and rhubarb, which are frequently beneficial, sometimes become dangerous. Dr. Delioux, in the choice of purgatives, prefers the phosphate of soda, the tartrate of soda, and the tartrate of soda and potash, all of which exert a mild but at the same time an aperient action. Castor-oil is employed by Dr. Delioux very frequently, and the only objection to its use is that it may be inadequate to the purpose required. He does not much approve the use of calomel, except when it is necessary to act energetically on the biliary secretion when it has been obstinately suspended. Some pills prescribed by Segond, physician-in-chief in French Guiana, have been very much recommended by the French medical practitioners in Cayenne. They consist of a mixture of ipecacuanha, calomel, and the watery extract of opium, and although Dr. Delioux does not think them particularly serviceable in acute dysentery, he often uses them with success in the chronic form of the disease."—*B. and F. Med.-Chir. Rev. and Dublin Med. Press.*

On the Use of Perchloride of Iron in Diphtheria.

M. Courty says it is now generally admitted that the pseudo-membranous formations of the throat or larynx ought to be treated with tonics instead of antiphlogistics. M. Courty is persuaded that these diseases are of an adynamic nature, and he disapproves of any measure which would have the effect of weakening the organism, admitting only such remedial means as are of an opposite nature, such as a substantial and restorative diet, and among medicines, cinchona, and especially iron, which, without being a specific, he regards as assisting essentially in a cure. He considers the solution of the perchloride of iron to be the best of the ferruginous preparations, but he thinks that there are some others which may be preferred in certain cases, as for instance, the iodide of iron in scrofulous children. M. Courty employs the prechloride in two forms:—1. Internally, in the dose of twenty-five to thirty drops in a glass of water in twenty-four hours, given in teaspoonfuls, and each dose followed by a mouthful of milk to remove the styptic after-taste. He continues the medicine, even after the cure, for a sufficiently long time to restore the strength and to shorten the convalescence. 2. He employs it locally, if not to the exclusion of every other topical application, still with a marked preference, and the reason of the preference is, that the solution has at once a caustic, hæmostatic, and tonic action, by virtue of which it very favorably modifies the surface after the removal of the false membrane, and spares the neighboring parts, which are not denuded of epithelium; and besides, if it is impossible to remove the diphtheritic patch, the perchloride of iron possesses the valuable property of acting upon it and penetrating it, of infiltrating itself under its edges, and thus going on to reach and modify the subjacent tissue.—*Brit. and For. Med.-Chir. Rev.*

Reviews and Book Notices.

Manual of Instructions for Military Surgeons, on the examination of recruits and discharge of soldiers. With an Appendix containing the Official Regulations of the Provost-Marshal-General's Bureau, and those for the formation of the Invalid Corps, etc., etc. Prepared at the request of the U. S. Sanitary Commission. By John Ordronaux, M. D., Professor of Medical Jurisprudence in Columbia College, New York. 12mo, pp. 238. New York: D. Van Nostrand, 192 Broadway, 1863. Price $1.

This very useful manual is published under the auspices of the United States Sanitary Commission. The officers of that commission and the members of our profession who have visited the battle-field and our military hospitals, know well how much imposition has been practiced on the Government by men volunteering and receiving heavy bounties who were physically incapable of enduring the labors and fatigues incident to the life of a soldier—and who have thus been a burden on the Government until they have been discharged on account of physical disability—often, to re-enlist, obtain bounty-money again, and go through the same course. In this way our Government has been defrauded of hundreds of millions of dollars, and our profession is largely responsible in the premises for their criminal carelessness, not to say ignorance in the examination of recruits.

Dr. Ordronaux's manual will be found to meet a want of the profession in this respect, and it should be widely distributed among those whose duty it is to inspect recruits for the army. This manual is founded on the French Code of Instruction on the subjects of enlistment and discharge of soldiers.

The manual is issued in a very neat style, is of moderate size, yet seems to contain all that is essential as a guide to the physician.

The Nature, Causes, and Treatment of Nervous Deafness. Translated from the French of "Duchenne," with additions by Laurence Turnbull, M. D., Aural Surgeon to, and Lecturer on Aural Surgery at Howard Hospital, Philadelphia, etc., etc. 12mo. Philadelphia: Lindsay & Blakiston. 1863.

Local Faridazation as a therapeutic agent, especially upon the tympani nerve, is one which has occupied the attention of M. Duchenne since the year 1851, when it assumed such importance as to form the subject of a memoir, which later was embodied in his well known "L'Electrisation Localisée."

The volume before us is a translation of that portion of this work devoted to "Nervous Deafness," extracts from which have frequently been presented to the readers of this Journal by Dr. Turnbull

After a few introductory remarks the author gives the mode of "Operative Procedure," which is to place the auditory canal in a perpendicular direction,

and after filling the canal with water, a metallic thread is introduced, taking care that it does not touch the walls of the canal or the membrana tympani; but as a slight movement of the head may bring the thread in contact with these parts, M. Duchenne has constructed an auricular rheoplure where the conductor is insulated by an ivory envelope.

"Having waited until the noise has ceased that is produced by the impression of the liquid upon the membrane of the tympanum, we place the auricular rheoplure in connection with one of the conductors of the inductive apparatus, and we close the circuit by placing upon the mastoid process the other whetted rheoplure, which itself communicates with the second conductor of that apparatus." (p. 7.)

After a certain time of excitation, there is felt "a kind of tickling in the right side of the tongue," often followed by "a numbness, and sometimes by an increased and excessive sensibility in the anterior two-thirds of the edge of the tongue, which may last a long time." (pp. 9-10.)

He then proceeds to the discussion of these phenomena, and to better do this we have introduced some wood cuts, showing the anatomical construction of the parts supposed to be concerned in their production, and after discussing the opinions of Bernard, Fano, and others, proceeds to describe that class of paralysis where Faridazation would appear indicated.

These cases of nervous paralysis are very numerous indeed, and in the foremost rank we find that variety referable to hysteriæ and accompanied with intra-aural sounds, more or less strong and annoying. It will generally be observed that the left side is the one most frequently disturbed, but it sometimes, also, occurs that the deafness is found on both sides, though greater on the left.

The author now gives some very interesting cases where the absence of hearing was supposed to be hysterical, or from the prolonged use of quinia, as a consequence of eruptive fevers, or without any assignable cause, where the happiest results followed the application of Faridazation to the muscles of the small bones and the chorda tympani. The facts recorded lead us to conclude that as a general rule nervous deafness is curable from the local application of electricity, yet the too numerous unsuccessful cases makes it extremely desirable that some definite indication be found by means of which a differential diagnosis may be established between that due to some functional disturbance of the nervous distribution, and perhaps amenable to treatment from electricity, and that form dependent upon some lesion in the apparatus itself, and demanding other care. This occurred to M. Phillipeaux, who says:

"There is a certain number of deaf persons who have been thus affected during a longer or shorter time, who, notwithstanding their affection, very distinctly feel, under the influence of electricity, that characteristic pain on the tip of the tongue, while there are others in whom that symptom is wanting. Seeing my want of success with those deaf patients, who, on electrical exploration, have not shown the characteristic symptoms which I am endeavoring to establish in this memoir, that I now entirely decline the treatment of deafness of long standing, where patients, on electrical exploration, do not exhibit that peculiar sensation physiologically perceived at the tip of the tongue." (pp. 45-6.)

From the complete absence of the physiological sensation perceptible by the tongue, under the energetic excitation of that nerve, in some whose hearing was perfectly sound, and still further, deaf mutes in whom excitation of the chorda tympani could not be produced, the author lays it down as a rule, that

"The absence of lingual sensations, produced by electrical excitation, is not, then, a pathognomonic symptom of an incurable nervous deafness." (p. 47.)

In conclusion of the article, the following general summary is arrived at:

"1. That hysterical nervous deafness is generally curable by the electrical excitation of the chorda tympani, and of the movements of the chain of little bones.

"2. That some nervous deafnesses, consecutive upon continuous eruptive fevers, etc., are curable by the same treatment, of however long duration they may be, and even though their resistance to other means of treatment may give them the appearance of being incurable.

"3. That probably the therapeutic action of the process of Faridazation employed in these researches is owing principally to the labyrinthine liquid, produced by the movement of the chain of bones, and consequently of the *fenestra ovalis*.

"4. That the electrical exploration of the ear does not furnish any pathognomonic symptom which allows of our prognosticating the incurableness of the deafness." (p. 49.)

We find pages 50 to page 87 devoted to the history, etc., etc., of seven cases of another variety of nervous deafness, known as "deaf muteness," where local applications of electricity resulted not only in decided improvement, but permanent recovery. From consideration of these facts, M. Duchenne is led to think, that

"There is a species of deaf muteness, congenital or not, completely independent of any appreciable anatomical alteration, consequently, no one is warranted in pronouncing that species of deaf muteness incurable. The exploration of the middle and internal ear by the Faridazation of the chorda of the tympanum, and of the motor muscles of the little bones, enables us almost infallibly to ascertain when the deaf muteness is not produced by an organic alteration.

"It is demonstrated by facts that nervous deafness may be cured by Faridazation of the chord of the tympanum and of the little bones, but at present that mode of treatment has only succeeded in converting deaf muteness into half deafness.

"That state of half deafness, obtained in cases of congenital deaf muteness, exerts a happy and speedy influence upon the moral condition of the child, upon his feelings of affection, and upon his educational receptivity, and finally it admits of the development of speech through the medium of the hearing." (pp. 82-3.)

We have now reached the termination of this translation of the valuable memoir of Duchenne, which is followed by a paper read by Dr. Turnbull before the Philadelphia County Medical Society, January 14, 1863, upon the subject of "Nervous Deafness." The writer presents us with a general summary, collected from various authorities and interspersed with cases occurring in his private and hospital practice upon the "Definition," "Eliology," "Physiology and Pathology of the Internal Ear." In regard to the "Frequency of the Diagnosis" of the disease under consideration, he very aptly remarks:

"That in all branches of medicine, the less one's anatomical knowledge and exact research, the oftener one considers diseases as "nervous," and the greater one's progress in these two requisites, the more means has one of explaining the symptoms, and the less often does one make such a diagnosis." (p. 108.)

We have now reached the conclusion of the little volume, which is presented to us in a very neat form and marked by but few typographical errors, such as diversity in the mode of spelling "Faridazation," "Chorda Tympani," and "Chord of the Tympani." Considered as a whole, it is quite creditable to the translator; and to those specially interested in Aural Surgery and unacquainted with the original, will repay perusal and prove a valuable addition to the literature upon the subject.

A. P. T.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, AUGUST 22, 1863.

CENOTAPHS.

He who loses his life in the cause of his country is worthy of lasting remembrance. But separate monuments cannot be raised to the thousands who in this war die by disease, or fall from the ranks in the tedious marches, or who are reported "killed" and "missing" in the skirmishes and battles that are constantly occurring. The visitor to the battle field will see many a head-board marked—"An unknown soldier lies here,"—"ten," "twenty," "fifty," "unknown soldiers are buried in this trench." Aye, he will see many more mounds with no head-boards at all to mark the spot. These saddening sights meet the eye on many a square mile of more than a dozen States of the Union.

—Brave men! An enduring monument must be erected in honor of your noble deeds and sacrifice of self. A scant six feet of earth and the assurance of the lasting gratitude of your countrymen is scarcely a compensation for your toils, your sufferings and the final sacrifice of life itself. Many of you have left behind loved ones, the thought of whose destitute and forlorn condition has, perhaps, imparted the keenest pang to your death-struggle. You would have died content if you could have had the assurance that your loved ones would be properly cared for.—

It will surely be done. The American people will not be unmindful of their duty to the defenders of their nationality. They will accept the legacy left them in trust by those of their fellow-citizens who have fallen. The question of erecting cenotaphs to the memory of soldiers who have sacrificed their lives for their country is being discussed. It is important to settle upon some shape to give these monuments. How shall the offerings of the people, of the nation, and the States, at this shrine be disposed of. Something will be offered. Shall they be put into the form of mere shafts of marble or granite, with the names of the fallen inscribed thereon? Or shall they not rather take some practical enduring shape which shall confer lasting blessings on the loved ones of those who have laid down their lives for their country in her hour of trial?

The principles in defence of which these men have lost their lives are lasting enough, and important enough to secure the erection of monuments to their memory that shall stand the test of time, and from which those whose stay and support they were, shall reap some lasting benefit.

The intelligence and virtue of the people underlie the permanency of all republican institutions. Then let the monuments erected to the memory of our fallen, be of such a character as shall be calculated to perpetuate the principles which they died in defence of. Let them be educational institutions of a high order, to whose benefits the descendants of, first, those soldiers who have lost life or health; and, second, of any soldier who has served in the armies of the Union during these trying times, shall have a pre emption claim. Let our State and municipal governments, corporations and individuals contribute liberally, and let the general government aid also; and in small States establish a permanent fund for the support of one, and in large ones more than one educational institution of a high order. Let these be substantially built, and contain one room—a rotunda—devoted to historical statuary, paintings, and collections of trophies, curiosities, etc., connected with the war, and a record in some permanent form of the names of the soldiers who went from the State or section of a State in which the institution is located. Let these institutions be of an order higher even than any that now exist in our country, and let special pains be taken to instruct the pupils in those principles of government which have in less than a century made ours one of the most powerful and most intelligent nations of the world.

The idea suggested above, if properly carried out, would result in perpetuating the memory of our soldiers to some purpose. If the idea should be considered chimerical on the score of expense, we have but to refer to the immense sums appropriated by the General, State, and Municipal Governments, and contributed by private individuals during the past two years, on account of the war, or in the interest of the soldiers or their families. In Pennsylvania five millions of dollars

would build and endow two educational institutions superior to any that now exist in our country, and that amount of money the State should raise without difficulty, especially for so noble and so enduring an object.

"THE PHYSICIANS AND THE CLERGY."

Under the above caption, a cotemporary newspaper of this city—the *Public Ledger*—has some, in the main, very sensible remarks, from which we make a lengthy quotation below.

We believe that physicians should invariably charge those clergymen for medical attendance who lend their influence in support of quackery or irregular modes of practice. Neither clergymen or newspaper editors occupy a stand-point on this subject sufficiently elevated to enable them to judge of the duties of medical men.

If they would accept the testimony, the evanescent character of the thousand and one vaunted specifics and improved modes of practice, which they certify to and advertise, is a sufficient answer to their sophistry. But no! it *pays* to say that physicians are bigoted because they will not use quack remedies and fraternize with irregular practitioners. Would the *Ledger* regard him as a model clergyman who should testify to the purity and usefulness of the remedies advertised by the class of "doctors" whose nasty advertisements befoul its third page? Or, would it take the recommendations of clergymen appended to the advertisements of astrologists (missing, of late, from its columns under the operation of legal restraints) as an evidence of liberality and good feeling?

The following is the extract alluded to:—

"Recently there was a curious discussion going on in some of the medical journals, as to the propriety of the resolution recently passed by the Medical Society, by which the members resolved 'to charge clergymen for medical attendance.' Of course, the rule that 'the workman is worthy of his hire,' applies, to medical men as well as to ministers, and there are no doubt many cases where it would be wrong for a minister to desire the services of a medical practitioner in his family without recompense. We have never known of a minister being unwilling to pay any charge of the kind, but have known of many instances in which they have desired to remunerate a medical attendant, but could not persuade him to accept of compensation. The liberality of the medical profession, in this respect, has been very great. But it seems to us, as it does to many of the best of themselves, that there is no necessity for making any regulation binding upon all. Let each case rest upon its own merits. Where a man like Henry Ward Beecher receives $12,000 a year, that is, receives a separate income from his writings and lectures, there can be no doubt that a medical man should and would naturally charge him, unless money were no object to him, or the advantage in some way on his side. There is a very large class of ministers, however, whose income from their preaching is hardly $12 a year, who do great good through the country, who are in labors above measure. To make it a rule of the medical profession that they *should* charge all such persons, would be hard indeed.

"At present both practices prevail. There is no obligation on either side. Generally speaking, a pastor receives the medical attendance of some member of his congregation, and then, we believe, it has not been very customary to charge. This is very liberal, yet, taking ministers as a class, they probably lose nothing by it. The judgment of a judicious and popular minister will often be not a little influential over that of his flock.

"The whole subject of these gratuities to clergymen needs considering on a broader scale than has been customary. If they receive freely they give freely services that in every other country are regular matters of charge. In all Europe every minister, even of the established churches of the land, charge a fee (generally about two dollars) for attending every funeral. In the neighboring British provinces we have known an Episcopal clergyman to send for his fee, and receive perhaps about $5 for attending to the service. So it is with baptism and many other services. In this country no such charge is ever thought of. It is customary to present a fee at marriages, yet even this is never charged, and sometimes omitted.

"Yet ministers are constantly sent for to visit the sick and to bury the dead, not only of their own congregations but of others, perfect strangers; and where often they are expected to preach sermons and take long rides and expose themselves to all sorts of weather. Yet such a thing as a minister refusing to attend for lack of a fee, or expecting any such thing in connection with any other service for a family, except only marrying, we venture to say, is unheard of. It ought not to be the case with families of respectability that they thus take up the time of ministers, especially of other congregations, without any compensation. But they do. And we rather think that if the clergy of this city were to meet and gravely pass a resolution that they would not attend any more

such cases out of their own parishes without pay, and publish it, there would be some feeling in the community that it was not quite worthy the character of a liberal profession.

"But it is charged that the clergy, as a class, often recommend various quack medicines, and thus interfere with the physicians. Indeed it was, we believe, ostensibly on this ground that the resolution was adopted. But what illiberality is this! May not ministers form and express an opinion as to any medicine they have tried and found beneficial? They do not defame any class or individuals. Suppose that they were to resolve that all heretics and skeptics, and all who sanctioned heretical preachers by attending their churches, were great pests, directly subversive of their calling, and therefore that no man of any such sentiments, and especially no such doctor or his family, should be visited when sick, or buried when dead, without a proportionably heavy fee. Physicians have a regulation among themselves that they will not conceal or patent any discovery, medicine or mechanical invention for medical purposes, or professionally fraternize with those who do, because these medical men may make such rules *for themselves*, though designed to cast a slur on others whom they term quacks, and although it is a liberal profession, it may be questioned whether more inventions would not be made were the interest of each man in his own discovery or invention preserved. But medical men should hardly attempt to impose this rule upon others who, without profit, certify what they consider facts."

Notes and Comments.

Yellow Fever on U. S. Gunboat Alabama.

The U. S. Gunboat Alabama has, for some time, been at the quarantine station, New York, with yellow-fever on board. Sixteen fatal cases have occurred. She is regarded as one of the worst infected ships that ever came to the port of New York. It is proposed to send her on a northern voyage to meet early frosts. If, when she first arrived at port, she could have been started off to the North Atlantic until she encountered ice-bergs or reached a cold region, she might have been disinfected before so many lives were lost. In the case of infected steam vessels at least, we should think the adoption of such a plan might prove a very good and economical one, as regards both life and property.

"Reliable" News.

A certain medical journal at the West, of small circulation and waning influence, having failed to break down the American Medical Association, has turned its attention to hunting up scraps of news for the edification of its readers. If it succeeds as well in all its statements as it has done in a small item about the REPORTER, its "reliability" will not be worth mentioning.

Dr. R. J. LEVIS, formerly connected with this journal, has *not* entered the army as a Surgeon of volunteers, or thought of doing so. He has as much as he can do to attend to a large private practice, and to his duties as Surgeon in charge of one of the military hospitals of this city, and Visiting Surgeon of the Philadelphia Hospital.

Dr. O. C. GIBBS has *not* discontinued his communications to the REPORTER, except temporarily, in consequence of having entered the army as a Surgeon of volunteers.

Field and Hospital Stretcher.

Dr. FRANK H. HAMILTON has just perfected an admirable invention of a field and hospital stretcher, which is at the same time as comfortable a bed as any man, sick or well, could desire. It is the surgeon's and nurse's long-sought desideratum, and is as well adapted for use in private families as in the army. The chief merits of it are compactness and facility for moving or changing the position of the patient without touching his body or lifting him by the limbs, a process that is dangerous and often impossible with wounded men on the usual plans of support. It will be a positive preventive of the terrible bed sores from which the soldier often suffers more than from broken limbs. Two or three hundred of Dr. HAMILTON's stretchers can be carried in a single wagon, and it does not take three minutes to put them in trim. The greatest advantage will be gained by them in removing the wounded from a field. The canvass can be drawn under a body in strips so gently as not to provoke or increase the bleeding of wounds, and being buttoned to the side-pieces and stretched by a simple screw, the bed can be carried off, or supported on stones, as comfortably to the patient as on a regular four-poster. The model will be presented to the Surgeon-General in a few days.

Board of Naval Surgeons.

A Board of Naval Surgeons, for the examination of assistant surgeons, for promotion, as well as candidates for admission to the medical corps of the Navy, will be convened at the Naval Asylum at Philadelphia on the first of September next.

Surgeon JAMES M. GREEN, President of the Board, Surgeon A. A. HENDERSON, member, and Surgeon B. VREELAND, member and Recorder of the Board.

The Medical Department.

It is stated that a Special Commission is engaged in examining into alleged maladministration in the

Medical Department of the army. We suppose it has connection with the administration of the late Medical Inspector-General, Dr. Perley.

News and Miscellany.

The Income Tax to be Paid by Physicians.

The Committee appointed at the last meeting of the Medical Association of the District of Columbia have obtained the information with regard to the Income Tax, embodied in the following letter:

(*Official.*)

Treasury Department.
Office of Internal Revenue,
Washington, *June* 11, 1863.

Gentlemen:—Your letter of this date has been received, and contents noted. It is asked whether an assessment for Income Tax is to be made upon collections during the year 1862, for professional services rendered during that year and previous years, and whether an estimate of unrealized, or contingent income due for services rendered in that year, ought to be included? I answer, that the assessment should be made upon all collections during the year 1862, without regard to whether the services were rendered during that or previous years. If any profits made during that year and uncollected, remain uncollected when they might have been readily realized, and with a view merely to avoid the assessment of the tax, they are to be considered as collected, and assessed accordingly; for no evasion of the liability of the tax-payer of his duty under the law, should be allowed to profit him. But merely contingent profits, uncollected, the sum not ascertained, remaining open for adjustment, are not liable to assessment.

2d. As to "expenses necessarily incurred in carrying on any trade, business, or profession," physicians cannot be allowed the wear and tear of horses, carriages and harness, any more than they can of their own constitutions, or of their health, necessarily injured in the practice of their vocation; but any incidental expenses, such as the feeding of horses, hire of servants, and such like, are to be deducted from their income.

Very respectfully,
Joseph J. Lewis,
Commissioner.

H. Lindsly, M. D., C. H. Liebermann, M. D., W. P. Johnston, M. D., *Committee.*
Washington, D. C.

Revenue Decision—Physicians' Expenses.

The following decision has just been made by the Deputy Commissioner of Internal Revenue:

"Washington, *Aug.* 15, 1863.

"Sir: In reply to yours of the 13th inst., enclosing communication from Dr. ——, I have to say that the amount expended by a physician for the keeping of a horse used exclusively in the business of his profession, is a legitimate deduction from income.

"Very respectfully,
"Edward McPherson,
"*Deputy Commissioner.*

"G. P. Putnam, Esq., *Collector of Internal Revenue*, No. 937 Broadway."

Appointment.

Dr. J. L. Wade, of Newark, N. J., has received an appointment as Assistant Surgeon in the United States Army, and been ordered to report to Hilton Head, S. C., for duty.

Appointments by the Provost-Marshal-General.

Kentucky, Ninth District.—Dr. Joshua Barnes *v.* Buford, declined.

California, Southern District.—Dr. L. C. Lane, San Francisco. *Middle District.*—Dr. A. B. Nixon, Sacramento. *Northern District.*—Dr. Lorenzo Hubbard, Mayville.

Illinois.—Dr. John White *v.* Prince, resigned.

New York.—Dr. Geo. N. Richardson *v.* Ordroneaux, resigned.

Pennsylvania.—Dr. A. Parchment *v.* Kuhn, resigned.

Calomel and Tartar Emetic.

Facts accumulate daily to show that calomel and tartar emetic have not been abused to the extent as stated in Circular No. 6. A surgeon who acted as Medical Director in the campaign in Missouri, at Island No. 10, before Corinth, assured us that he did not see any cases of mercurial gangrene, and but very few cases of ptyalism, the most of which were intentionally produced in the treatment of syphilis. Another surgeon, now a Medical Director of a large department, and who has served in the same capacity in the South, and in the army of the Potomac, gives us the same assurance. At the meeting of the Ohio State Society, several surgeons on sick leave stated that they had not seen the "innumerable" cases of ptyalism. The inconsistency of the Order is glaring. The Surgeon-General cuts out calomel from the supply table and leaves pill. massa hydrarg., corrosive sublimate, and the iodides. Again, we must iterate a fair inference from reading the Order, that the Surgeon-General issued it to gratify the charlatans and enthusiasts who have been about him. Why did he use the ordinary synonym, calomel, if he did not intend to gratify a popular prejudice fostered by various quacks? Why did he not use a chemical name proper in designating the remedy? His Order would have been as readily understood by the military surgeons. It looks as if he intended to give his profession a blow. It looks as if he intended to place the seal of his high office on the slanders of the correspondents of two-penny papers, and the lies of a set of men improperly called sanitary inspectors, which have been uttered time and again against the military surgeons. Whatever his intentions may have been, he has committed an uncalled for, and an unjust injury to his profession. He has placed his brethren in a position where every little traveling quack, and every so-called respectable charlatan may point his finger at in triumph. If it could be established that the two remedies had been abused, there might be some justification of the Order. But we have yet to hear one surgeon state that he has seen the abuses.—*Cincinnati Lancet and Observer.*

Dr. J. R. Black, Medical Director of Gen. Gilbert's command, writing from Triune, Tennessee, says:

"The recent order of the Surgeon-General in reference to calomel and tartar emetic has created considerable feeling, and indeed I must confess that there is ground for it. We are not by the terms of the order considered trustworthy, must not be trusted with edge tools for fear we hurt some one. It is difficult to think why the abusers of the remedy were not dismissed, instead of the remedy itself, for from the reports he receives he must know who they are. I have been receiving reports from six regiments for some time, have visited their hospitals weekly, and had frequent opportunities to observe cases in general hospitals, but I must say that I have the first case of the abuse of calomel to observe. I have never seen a case of ptyalism in the army, and only three of slight mercurialization as manifested by tenderness of the gums and fetid breath. As for mercurial gangrene, I have not seen a single case,

and have yet to see the surgeon who has seen it in the army. As for tartar emetic, it is seldom used by army surgeons. But why not exclude blue mass, hydrarg. cum creta, iodide mercury, etc. The whole thing looks mystical, but seems to indicate a very large tub to a very small whale. And yet there are signs that point to the true solution. At the Medical Purveyor's, on the shelves of army surgeons, you will see quite a free sprinkling of BENNETT'S Practice. In fact, he seems to be the favorite author with the powers that be.

Sanitary Condition of the Rebel Prisoners at Fort Delaware.

It having been charged that the rebel prisoners at Fort Delaware are badly provided for, and that consequently their sanitary condition is below par, the following statements have been published, taken from the official records of the post.

Number of prisoners on hand July 1st, 1863, 3,576; number of prisoners received during July and August, 9,191; total, 12,767. Number of deaths during the same time (fifty-one days), 182, making an average of about three and a half per diem, or one and a half per centum of total number received. I also submit a statement made by their own surgeons, whose evidence alone should be conclusive and entirely satisfactory.

FORT DELAWARE, *Aug.* 19, 1863.

Having been prisoners at this fort nearly one month, and being in attendance upon the sick Confederate prisoners every morning, thereby enabled to judge of their situation, we, the undersigned, Surgeons of the Confederate States Army, would respectfully ask to make the following statement in regard to the health of the prisoners at this place:—

On careful examination of official lists of deaths, we find from July 1, 1863, to August 19, 1863, one hundred and eighty deaths, making an average of less than four per day, which, taking into consideration the large amount of prisoners confined here, there being nearly ten thousand, is exceedingly small.

In justice to the officer commanding this post, we would beg leave to state that everything in his power to add to the comfort of these prisoners is being done. The sick are cared for as well as possible, and new hospitals built for the accommodation of more. They are not compelled to drink water from the ditches, as is reported, but water sufficient to supply the island is brought here by boats twice daily from a distance, besides the supply of rain water constantly on hand. The barracks are being kept as comfortable as can be expected under the circumstances.

(Signed) R. R. GOOD, Surgeon and Medical Director MORGAN'S Cavalry.

(Signed) E. HOLT JONES, Medical Inspector MORGAN'S Cavalry.

(Signed) THOMAS H. FOSTER, Surgeon MORGAN'S Cavalry.

(Signed) W. W. CLEAVER, Surgeon MORGAN'S Cavalry.

A Quack Curing Rheumatism.

A foreign paper just received tells the following doubtless true tale: "A melancholy case of empiricism was last week brought before one of the correctional tribunals of the West of France. The accused is an herb-doctor who was then charged with having a short time previously literally baked a woman alive in order to cure an attack of rheumatism from which she had long suffered. The cure for this disorder, practiced by the SIEUR LENOBLE 'with success upon his own father,' was to put his patients, lying in a bed of reeds freshly plucked from a river, in a baker's oven till their couch should be reduced to powder with the heat. The husband of the woman whom LENOBLE last cooked, deposed to her having, when shut up an hour within the oven, complained that her side was being burned. The quack ascended into the *chambre ardente* and applied some leaves to the burn. He had hardly descended when the patient complained of another burn. The same remedy was no sooner applied to it than the woman, CARRE, said that her physician 'must remain with her in the stove till the rheumatism would be baked out of her.' She then cried out that she felt herself ill from head to foot, on which LENOBLE assured her that it was nothing, for if she wanted to be cured she must endure all the suffering it was possible to inflict on her. After a long interval of silence, which struck the quack as being very strange, 'seeing that the woman chatted to him during the application of the cure,' he resolved to draw her out of the oven. She was then senseless. Vinegar and reed roots were applied, but without effect, and next morning the unhappy woman died without having in the meantime shown any sign of consciousness. The utmost penalty of the law was not inflicted on LENOBLE, he being condemned only to pay a fine of fifty francs and to six months' imprisonment."

Lithotomy in Russia.

Dr. EBERMANN stated, at a recent meeting of the St. Petersburgh Medical Society, that, according to the reports of the Russian civil hospitals for 1856-9, there has been two hundred and thirty-one cases of lithotomy, of which one hundred and ninety-four terminated in good recovery, and thirty-seven in death. During the same period there had been only five cases of lithotrity, all of which were successful. This marked disproportion of the cases in which lithotomy and lithotrity were employed is striking, and suggests the question whether lithotrity might not have been advantageously resorted to in some of the cases in which the more formidable and dangerous operation was employed.—*Lancet.*

Du Chaillu's Collection.

The museum of this indefatigable explorer has just been disposed of by auction, and one of the most valuable lots (93), described as a magnificent series of gorillas, male, female, and young, in fine condition—having been beautifully prepared by Mr. WILSON, the eminent taxidermist—was knocked down to Dr. EDWARD CRISP, M. R. C. S., for the large but it is stated inadequate sum of £110. Mr. FLOWER, the Conservator of the Hunterian Museum, and Professor CLARK, of the University of Cambridge, made judicious purchases for their respective museums. The University of Oxford also purchased several specimens.—*Lancet.*

Weight of Viscera on the Right and Left Sides.

Dr. JOHN STRUTHERS, in a very able paper in the *Edinburgh Medical Journal*, has stated that the weight of the viscera on the right side of an adult of average size is twenty-two ounces and three-quarters heavier than on the left; and as this is reduced by about seven and a quarter ounces by the contents of the stomach, there is a clear preponderance of fifteen ounces in favor of the right side; the centre of gravity of the body is therefore on the right side of the middle line.—*Lancet.*

A Congress

of German naturalists and physicians is to be held this year at Stettin, for the discussion of medical and scientific subjects. The proceedings commence on the 18th of September, under the presidency of Dr. DOHNE and Dr. BEHM.

Cesspools and Typhoid Fever.

The London *Builder*, an excellent authority in sanitary matters, says that the local commissioners of Galashiels, Scotland, have consulted Dr. Brisbane as to the connection of town cesspools with fever, and the consequent desirability of getting rid of the cesspools. The report of the doctor says, that for some years past the facts as to typhoid fever prove the connection of such fevers with cesspools. He further says, "That outbreaks of typhoid, enteric, or gastric fever, are essentially connected with defective drainage, is now an almost universally acknowledged fact. Whether the fever poison is generated *de novo* by decomposing sewage, or merely fostered thereby, may admit of some doubt; but no doubt whatever exists as to the intimate relation between outbreaks of gastric fever and the emanations from sewage or other putrescent substances. The continued fevers met with have been divided into four classes by Dr. Murchison: 1, Febricula, due to errors in diet, heat, fatigue, &c.; 2, Relapsing fever, due to famine; 3, Typhus fever, due to overcrowding and destitution; 4, Typhoid fever, or gastric fever, due to causes above stated. It is notorious that relapsing fever is never met with in Galashiels, and typhus rarely, the species of fever almost always met with being febricula or gastric. Again, it is sufficiently established that the latter fever generally prevails most in autumn, particularly during dry, warm seasons; the high temperature favoring decomposition, while the defect of water prevents the efficient removal of the putrid substances thus generated. The causes of any disease being known, and these being remediable, it behooves sanitary authorities to direct every legitimate and available means towards the eradication of these." Dr. Brisbane also states that he believes the above cause is an equally fertile source of other and more formidable diseases, such as diphtheria, cholera, &c. The quality of the water has also much to do with the health of the community.—*Scientific American.*

Frightful Loss of Life at Manilla.

The London papers state that by the earthquake at Manilla on the 3d of June, the town was destroyed and ten thousand of the inhabitants buried in the ruins.

ANSWERS TO CORRESPONDENTS.

☞ *Correspondents will please notice our reiterated request to give their full address in their communications to us. Our correspondence is very extensive, and it is necessary for us always to know the Town, County and* State *from whence their letters are sent.*

Dr. J. K. H, Pa., and others.—The price of "Dentition and its Derangements," by Jacobi, is $1. We will forward the book on reception of the price.

Dr. H. O., Ohio.—We can forward you a Hypodermic injection apparatus for $5. We would not, however, recommend the method you propose for treating varicose veins. It is not safe. A better mode of treatment is to cause issues in the course of the veins by the use of Vienna paste.

MARRIED.

Adair—Kelpy.—July 24th, by Rev. W. M. Taylor, J. T. Adair, M. D., and Miss Cynthia Kelpy, all of Mt. Jackson, Pa.

Savage—Stemmel.—In Philadelphia, July 16th, by Rev. L. H. Christian, D. D, Wm. E. Savage, M. D., and Miss Marion Stemmel.

DIED.

Burden.—In this city, on the 16th inst., Ellen Josephine, wife of A. M. Burden, M. D.

Wainwright.—At New Orleans, on board U. S. Ship Black-Hawk, Aug. 5th, of typhoid fever, after an illness of ten days, Dr. D. W. Wainwright, Surgeon U. S. A.

Wick.—In Putneyville, Armstrong county, Pa., on Friday evening, the 24th of July, after a severe illness of two weeks, Emily Judson, eldest daughter of Dr. J. H. and Mary Wick, aged 11 years and 16 days.

METEOROLOGY.

August.	10,	11,	12,	13,	14,	15,	16.
Wind	S. W.	S. W.	E.	N. E.	S.	E.	N. W.
Weather	Clear.	Clear.	Cl'dy.	Cl'dy.	Clear.	Clear.	Clear. Shw'r Thd'r Lin'g 8-10
Depth Rain							
Thermometer							
Minimum	72°	75°	73°	69°	70°	71°	70°
At 8 A. M.	81	83	78	76	76	79	79
At 12 M.	88	90	83	82	84	85	87
At 3 P. M.	91	90	84	82	86	87	88
Mean	83	84.5	79.5	77.2	79	80.5	81
Barometer.							
At 12 M.	30.1	30.1	30.2	30.2	30.1	30.2	30.2

Germantown, Pa. B. J. Leedom.

VITAL STATISTICS.	Philadelphia. Week ending Aug. 15.	New York. Week ending Aug. 17.	Baltimore. Week ending Aug. 17.	Boston. Week ending Aug. 15.	Providence. Month ending July.
Popl'n, (estimated.)	580,000	950,000	240,000	180,000	52,000
Mortality.					
Male	352	457	191	75	43
Female	265	402	75	66	46
Adults	257	328	78	46	48
Under 15 years	366	523	92	91*	35
Under 2 years	295	430	71	85	21
Total	617	859	173	141	89
Deaths in 100,000	106.38	90.42	72.5	78.33	171.15
American	441	590	...	118	41
Foreign	133	269	...	23	48
Negro	27	13	21	4	6
Zymotic Diseases.					
Cholera, Asiatic	1	...	..	...	...
Cholera Infantum	131	207	28	46	12
Cholera Morbus	2	12	3	...	...
Croup	2	7	6	2	...
Diarrhœa	14	50	1	4	3
Diphtheria	8	18	2	2	2
Dysentery	18	22	4	2	6
Erysipelas	1	3	1	...	...
Fever, Intermittent	...	...	...	...	...
Fever, Remittent	...	...	...	...	...
Fever, Scarlet	5	13	2	2	...
Fever, Typhoid	16	11	2	3	2
Fever, Typhus	3	14	...	...	...
Fever, Yellow	...	...	...	...	...
Hooping-cough	3	2	1	...	...
Measles	1	4	...	1	...
Small Pox	1	2	2	...	...
Syphilis	1	...	...	...	...
Thrush	...	...	...	1	1
Sporadic Diseases					
Albuminuria	...	4	...	...	...
Apoplexy	12	11	...	2	...
Consumption	41	66	13	14	18
Convulsions	39	58	2	4	3
Dropsy	16	26	5	6	2
Gun-shot Wounds	16	2	...	...	...
Intemperance	8	19	1	...	4
Marasmus	27	42	...	8	...
Pleurisy	...	...	...	...	...
Pneumonia	7	24	...	2	1
Puerperal Fever	...	...	...	...	1
Scrofula	4	...	...	...	...
Sun Stroke	46	56	23	1	...
Violence and Acc'ts	9	23	7	7	1

*Under 5 years.

TO CORRESPONDENTS.

For the information of those who are not authors, we will state that manuscript intended for publication must be written on but one side of the sheet. If greater care was taken in the preparation of copy, much trouble would be saved to printers, and mistakes would rarely or never be made.

BACK NUMBERS.

Subscribers desiring old back numbers (excepting Nos. 304, 305, 308, 309, and 310, which are still due, and will be sent) will please remember and send money to pay for them and for postage, as many of the numbers are growing scarce, and we have to prepay the postage, two cents a number.

THE

MEDICAL AND SURGICAL REPORTER.

No. 354.] PHILADELPHIA, AUGUST 29, 1863. [Vol. X.—No. 18.

Original Department.

Communications.

PLASTER SPLINTS

In the Treatment of Fractures of the Hand, Fore-arm, and other parts.

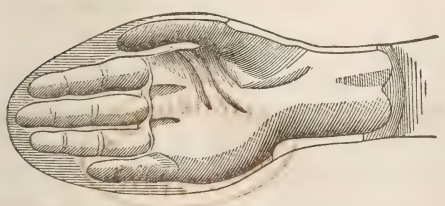
By J. E. Garretson, M. D.,

Of Philadelphia.

[Several months ago we called attention, as our readers will remember, to a mode of treating certain fractures by means of plaster of Paris splints, as introduced into the Philadelphia School of Anatomy, and Operating Surgery, by Dr. James E. Garretson, of that institution. The great worth of these dressings. and the marked progress they are making in professional favor, seems to demand at our hands as public journalists, further and more exact notice. Particularly would we direct attention to Dr. Garretson's method of treating a Barton's or Colles' fracture; nothing more fully meeting the indications can, it seems to us, be devised. These dressings are as cheap as they are simple; we have three different splints in the reading-room of our office for examination, and the cost of the lot has certainly not exceeded a shilling.

For the instruction of those who desire to make and use the dressings, we append an exact description, kindly furnished us by Dr. Garretson. The drawings we have had made that the reader may see what they look like.—Ed. Med. & Surg. Rep.]

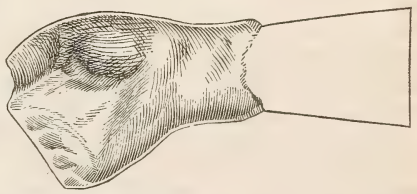
Fig. 1.



No 1 is a palmette, adapted to fractures of the phalangeal, metacarpal or carpal bones. To make this splint—take a piece of thin board—the side of a common segar-box answers the purpose admirably—lay the hand upon this board and mark out roughly its outline, and with your pocket knife cut this out. Next cut one or more holes through it at the part representing the hand. (These holes are for the purpose of securing the plaster firmly to the splint.) Now mix up a cupful or more of common plaster of Paris with water to about the consistence of thick paste, pour this upon the palm of the splint, lay the hand upon this mass in such position as may seem demanded by the peculiarities of any special case, or if making the ordinary palmette, in a state between flexion and extension. Keep at rest till the plaster sets, then trim up. The finger marks can be made to suit any hand simply by carrying out the tips.

This palmette I have found to answer a very satisfactory purpose in treating injuries of the dorsum of the hand; divisions, for example, of the extensor tendons, modified so as to throw the whole hand obliquely upward, and which is simply effected by piling the plaster paste high up on the phalangeal portion of the splint. Modifications on the same principle can, of course, be made to suit many injuries of the part where rest and position are among the indications.

Fig. 2.



No. 2 is a dressing I have been in the habit of employing for the past two years in the treatment of all fractures about the wrist.

To make this splint, cut out the palmette as directed, then make it into a half palmette by cutting it obliquely across on a line representing the metacarpo-phalangeal articulation. It will now represent nearly the ordinary Bond splint without the block. (A Bond splint, by the way, will answer very well.) Lay this splint upon the table and tack around it a strip of pasteboard, say one and a half inches in width; this need not be tacked to the splint, but merely rested against it by bracing it with tacks driven into the table; the pasteboard should extend from a point about three or four inches above where the wrist is to lie down around the board to the same point on the opposite side. Its office is merely to keep the plaster on the board when the arm and hand is laid upon it. Now mix up, as before, a sufficient quantity of plaster—it will take perhaps three ordinary teacupfuls,—pour this upon the splint, and having oiled the arm, bring the hand into extreme abduction, and elevating it somewhat on the fore-

arm, lay it into the mass; the plaster being supported by the rim of pasteboard will, of course, fill up around the wrist; now keep at perfect rest until the material hardens. When the parts are lifted from the plaster-bed a perfect impression will be found to have been obtained. The finishing step is to dress off all surplus plaster, so as to lighten as much as possible. This operation I am in the habit of accomplishing in great part before the plaster entirely hardens; in its plastic state it is, of course, cut without trouble.

This splint is, like the first, to be made in pairs, unless the practitioner should choose, like myself, to prepare them for each special case. Before attempting this latter, however, I think, judging from my own experience, it would be better to practice a little in moulding them to our own arm, or to some uninjured arm, for while they are simple enough to make, yet, like every thing else, they are made the better and easier for a little practice. I infer, however, from what experience I have had with the dressing, that by keeping on hand, say three sets, of different sizes, the indications of almost any case can be met, for if the smallest splint should a little too large, a trifle of cotton will correct the fault, and if the largest should be too small, it can in a very few moments be made larger.

The advantage of this mode of dressing fractures about the wrist seems to me to be, that it presents the possibility of latteral motion, that it gives to surgeon and patient the assurance of perfect coaptation and right position of parts so long as the arm is in the splint, thus making the patient a fair judge of his own condition, and doing away with the necessity for frequent dressing. Again, it certainly secures perfect rest, thus affording the best chance for speedy and uninterrupted union.

In moulding a dressing to a broken arm, I proceed as follows: First, I set the fracture and give it to an assistant to hold; then I rim my half palmette with the pasteboard as described, next the plaster is mixed and laid upon the board. Sometimes, as it happens to be convenient, a little block, imitating the Bond splint being first laid upon the board, for the purpose of preventing the hand sinking too deeply into the mould; sometimes, again, I have found it answer a good purpose to lay a compress upon the wrist part of the splint, for the purpose of giving support to the lower fragment, but this latter only, when there is marked tendency to antero-posterior displacement. Proceeding thus, as the case seems to demand, I take the limb from the assistant and lay it gently upon the plaster mass, quietly, and kindly pressing it down to a depth that shall bring the plaster up around the sides of the hand and wrist, as indicated in the model. Perfect rest is now maintained a sufficient length of time to allow the mould to harden, the excess of plaster being trimmed away while this process is going on. This excess of plaster is reached at by simply taking out from the table the tacks which support the rim, and pulling the pasteboard away.

In preparing this splint for special cases, it requires of course that the mould be taken either before or after the inflammatory stage. If it is taken before it may be found necessary to remove the arm to a larger splint when swelling comes on; but the moment this swelling has been reduced the parts are to be put back into the original dressing.

With this splint I have secured fair union in Barton's fracture in two weeks. And I have treated cases where, from the complete quiet I have been able to secure to the parts, I have not had occasion to remove the arm from the splint from the occasion of first moulding it, until compelled by the necessity for passive motion of the implicated joint; in other words, the inflammatory action has been so slight—the result in part, as I believe, of the profound quiet secured to the part—that the little swelling has been easily enough combatted without at all interfering with the dressing. At times, however, I have found myself compelled to ease the patient by cutting away more or less of the sides of the splint, but this is, of course, easy enough done without disturbing the dressing in any important particular.

No dorsal splint is required with this dressing, and very seldom any compress.

Fig. 3—*a*.

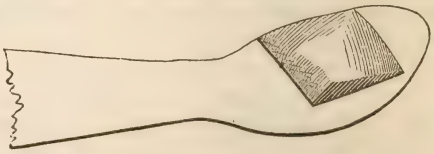


Fig. 4—*b*.

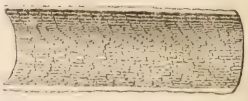
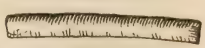


Fig. 5—*c*.



a is a palmette; *b*, a plaster mould; *c*, a compress.

Take a palmette as represented by *a*, or the the plaster palmette of dressing No. 1 answers quite as well, although because of its greater lightness I prefer the former, being made all of light wood. Set the fracture, and lay the arm upon the palmette, dressing between pronation and supination. Take now a piece of coarse crash, and cutting it so as to fit the dorsum of the fore-arm, saturate with plaster-cream, made by thinning down the plaster with water; now, while all wet, lay it quietly around the arm, and throw a loose

bandage about the whole; keep the arm perfectly at rest until the plaster sets, then remove the rollers. The plaster saturated crash will now be found to have assumed the character of an unyielding and perfectly fitting splint, which, when bound to the parts with the proper degree of compression, will prevent the slightest possible motion. The delicate compress represented by fig. 5, is for the purpose of preserving the interosseous space. It may or may not be found necessary to employ it. To apply this compress, take off the plaster splint and lay it along the middle of the back of the fore-arm, first with the fingers kneading the muscles down into the interosseous space. As the plaster mould fits the arm perfectly without the compress, the pad can of course be pressed down to any extent between the bones, the interosseous pressure being graduated by the thickness of the pad.

I should have remarked, that the base splint is to be padded in the usual manner, and that previous to moulding the plaster crash to the back of the arm, the proper position of the bones is to be secured. This makes a remarkably neat and immobile dressing.

Fractures of the shaft of the humerus are treated very easily on this same principle, using for the front of the arm an angular splint, after the manner of the Pennsylvania Hospital dressing, and moulding about the sides and back the plaster saturated crash.

A perfectly fitting and costless splint that will secure the complete rest to the hip-joint, may be made as follows: Place the thigh in the position required; then commencing at the knee-joint run up the spiral reversed bandage to the illeo-femoral articulation; cover in the groin and nates by a carefully and closely applied spica, now take a piece of coarse heavy crash stuff and cut it so that it shall cover in the side of the hip and thigh, from the crest of the ilium down nearly to the knee. Saturate this crash with the plaster cream and mould it carefully to the parts; keep the limb perfectly quiet until the plaster sets. When this has taken place, a second spiral and spica must be thrown over the dressing to bind it securely to its place. To remove this plaster case it is only necessary to cut through the first applied bandage when all comes away cleanly in a mass—this, if properly made, is quite a light dressing.

I have used a smilar splint with much satisfaction in treating a knee-joint for anchylosis. The principle of making it being of course the same, throwing first around the articulation a figure of 8 roller, and then applying the saturated crash.

Fractures of the lower maxilla are treated I think most simply and easily after the same manner. Take a piece of crash, cut it into an oblong square, slit this square from either end to a point equi-distant to the centre, then saturating it in the plaster place it under the chin; the fracture being adjusted, carry two of the four tails up over the sides of the face, reverse the two other tails so as to throw part of the crash in front of the chin and carry them back towards the rami. The face must of course be first divested of hair and should be oiled. The splint is to be held to its place by a roller or carefully applied handkerchief dressing.

Fracture of the head of the humerus is also treated very satisfactorily in this manner, much more so, I think, than by Boyer's dressing. This fracture being within the capsular ligament, there is of course little tendency to displacement. Cut a piece of crash somewhat in the shape of the deltoid muscle, saturate it in plaster and mould it about the shoulders; when hard, fix it by a carefully and accurately applied spica. The dressing is finished by simply binding the arm to the side and supporting the fore-arm in a sling, or the internal angular splint may be used if preferred.

Simple and compound fracture of thigh. Take a simple piece of board and tack to its sides strips of pasteboard; lay upon this a bed of plaster, and having secured apposition of the bones—in other words, having extended the limb to its proper length, lay it in this plaster. When the plaster sets perfect immobility will be found to have been secured. If the manipulations have been properly performed no other means of extension or counter-extension will be demanded. The cone of the thigh being grasped regularly and firmly by the plaster will not allow of any intrusion on the part of the upper or the lower fragment; while the similar grasping of the irregularities of the leg prevent lateral or vertical displacement on the part of the lower fragment. A leg dressed after this manner can at once be afforded every advantage of change in position without inconvenience or harm, simply by raising and lowering the splint after the fashion of the simple inclined plane of Professor Gibson.

Another mode of dressing this class of fractures is, to take the double inclined plane of Sir Charles Bell, or make a domestic one by nailing two pieces of board together at the proper angle, lay upon this plane the bed of plaster and fix the limb in it as before—if the fracture is compound the plaster must of course be cut away entirely from about the external wound so as to allow of cleaning and dressing.

Fractures of one or both bones of the leg. Take a piece of board a little wider and a little longer than the leg to be treated; tack strips of pasteboard along the sides, say three or four inches wide, *pro re nata*, lay upon this a bed of plaster—at least a common washbasin full should be mixed

—and in this plaster lay the fractured limb, sinking it about one-half in the plaster, no extension or foot stay will be needed.

General Remarks.—Where the fractured limb is not first encased by the bandage—oil the part before laying in the plaster, and if there is much hair it is better to shave; always keep up extension and counter-extension until the plaster hardens.

Any one splint will be found to suit many cases.

If water dressings are to be used the splint will be the better for a coat of water-proof varnish.

Always cut holes in the wood part of the splint so that the plaster shall be firmly held.

The immobility secured will be found to influence suppuration in compound fractures most happily, and limits irritative inflammation almost completely.

The first attempt to dress with plaster may be apt to discourage. It should first be manipulated on sound parts.

[Note by Ed.—As this mode of dressing is being introduced extensively in military practice, we would be pleased if some of our army surgeons would communicate to us the results.]

On the rapid Cure of GONORRHŒA AND SYPHILIS.

By H. Lassing, M. D.,
Of New York.

Any practitioner at all conversant with city office practice knows that the most profitable office patients are those afflicted with the various diseases of the organs of generation. In order to obtain a run of this class of patients, it is necessary to compete with a set of the most unscrupulous, avaricious and ignorant fellows, whose bold, false, untruthful and obscene advertisements and posters insult and disgust you on every available post, wall and fence, and fill the columns of nearly every newspaper. One of the greatest attractions to the ignorant, whom they interest, in these advertisements, is the promise of a quick cure. All who are thus afflicted, as indeed almost all patients are anxious to be restored to health as rapidly as possible, but none more so than he who has a venereal disease. They never think of the consequences or of the present difficulties—a rapid cure is all they ask for.

There is nothing more troublesome to the honest practitioner than when, in answer to a patient's inquiry, he tells him, as indeed he must, if candid, that it is impossible to warrant a cure within a certain time, he is quickly replied to something as follows: "Why, Doctor so and so advertises in such and such a paper, that he cures my disease in twenty-four hours, or no pay;" and if the galling remark, that "as you are a regular doctor you ought to know how to do it quicker" is not added, you are very fortunate. To talk with the majority of such patients is worse than useless. If you tell them of the dangers of contracting a stricture or of secondary syphilis, etc., they do not believe you. Neither will they believe, that in the majority of cases, these quacks do not perform the cure, if at all, within the promised time, throwing the blame upon what they call an untoward accident. As a consequence, it is best to endeavor to outdo these boastful pretenders by really curing your patients rapidly but safely.

I have tried many different methods of treatment, but find that the majority of cases will yield most rapidly to the following method: In gonorrhœa, if I see the patient before the discharge has set in, I inject a solution of nitrate of silver, gr. xxx. to the ounce of water. This, in nine cases out of ten, will entirely remove all danger of any further trouble.

When the discharge has once set in, I give an active saline purge, containing a small quantity of tartarized antimony, order a suspensory bandage to be worn, and give a paste composed of copaiba thickened with pulverized cubebs and having some nitrate of potash added, and an injection of alum gr. ss. to the ounce of water. As the inflammation subsides I increase the strength of the injection gradually to about gr. v. to the ounce. Should orchitis set in, I immediately apply collodion and strapping. The results of this method are shown in the following table, which is composed of cases treated by me within the last year in dispensary and private practice, and will therefore be a fair indication of the results of the treatment upon a class of patients from all grades of society, and laboring under various adverse and favorable circumstances while under treatment:

Whole number treated	1,530
Of these I saw before appearance of discharge	43
No discharge appeared after injection in	37
Disease progressed in	6
Treated after discharge appeared	1,487
Entirely recovered in twenty-four hours.	294
" " in forty-eight "	361
" " in three days	597
" " in five "	53
" " in ten "	101
" " in fifteen "	21
" " in twenty "	29
" " in thirty "	8
Gleet appeared, lost sight of patient	11
Patient but slightly improved	2
Dropped treatment	10
Orchitis supervened during treatment in	41

In the treatment of simple chancroid I always employ the stick caustic to a thorough extirpation of the sore, and then dress with calamine oint-

ment. In true chancre I also employ caustic, but dress with black wash and give the pill hyd. protiod. internally. Bubo I always treat in its first stages by compression with a truss of peculiar construction, adapted to exert a direct backward and inward pressure upon the induration, and if too far advanced by a free use of the lancet, and dress with linseed and yeast poultices. Many variations of these methods are of course made necessary by various indications of the case, but as a general rule, these methods are the quickest, safest, and therefore the most desirable in competition with the brazen, dishonest and ignorant quack.

ELECTRO THERAPEUTICS.

By H. Lassing, M. D.,

Of New York.

I wish briefly to glance at a few cases which are not of every-day occurrence, in the treatment of which electro-magnetism has been found a useful adjuvant.

There are perhaps no diseases so troublesome and discouraging to the practitioner as the various sequelæ of acute rheumatism, and among these those cases where the disease has been perhaps improperly managed, has been allowed full sway for some time, and has produced a stiffness and thickening of the ligamentous and other structures around the joints. This has frequently caused a permanent disability of the joint. Internal remedies are of no avail directly, and liniments and lotions seem to do but little good. A method of treatment, which I have found very successful, is the following: Absolute quiet being enjoined upon the patient, I apply a strong induced electro-magnetic current through the affected joint by means of metallic conductors twice a day, for the purpose of stimulating the joint; I then have the entire limb actively and well rubbed, not as liniments are ordinarily rubbed on, but by taking a firm hold of the part and not allowing the hand to rub the skin, but with the pressure sufficient to retain the skin rub it over the integuments underneath. The capillaries are thus brought into action much quicker and easier than by any other manner of rubbing. While upon the subject let me add, that unless the patient is so situated that he can command the assistance of an *intelligent* person to do this rubbing properly, I do it myself. Most of the "wonderful cures" performed by so-called natural bone setters and other charlatans, are due to this rubbing and the assiduity with which they attend their patients. I deem it my duty to do as much for my patients as they do, hence do not think it at all derogatory to professional dignity to do a little manual labor of this kind, and if more of the profession would practise upon the rule that if you want any thing done right, you must do it yourself, there would be less opportunity for these "wonderful cure doctors."

After this operation I bandage the affected joint in lint saturated with the following lotion:

℞. Tr. iod. comp., f. ʒss.
Glycerine, f. ʒijss.
Aquæ, ad f. ʒvj. M.
Fiat lotio.

A bandage is firmly and evenly applied over this, which gives a firm support to the joint and is very favorable to a rapid absorption of the effused fluids. The lotion prepared and applied as described insures a constant application of iodine, which is absorbed and furnishes a constant stimulus to the removal of the effused synovial fluid. The electro-magnetic applications and rubbing stimulate the local circulation and assist in getting rid of the chronic thickening around the joint.

A case just discharged, after thirty-three days treatment of an indurated knee, with a large quantity of effused fluid in the joint, the result of acute rheumatism, with other cases previously treated, satisfies me of the success attending this method of treatment.

[To be continued.]

Editorial Department.

Periscope.

DOMESTIC.

Fibrinous Coagula in the Heart.

The fibrinous coagula occasionally found in the cavities of the heart, and which have long been considered by the greater number of authorities as merely formed *in articulo mortis*, have latterly—since the scientific investigations with reference to Thrombi and Emboli have thrown so much light on a previously obscure branch of pathology—attracted much attention from pathologists.

At a recent meeting of the London Pathological Society, Dr. Ogle exhibited eight preparations "illustrating the spontaneous formation of fibrinous coagula, at a long period before death, in the cavities of the heart, most of which had undergone considerable softening, and some of which were quite fluid in their centre. In several of these specimens the central puriform fluid was bounded by a firm, smoothish surface, reminding one of the wall of an abscess, and welled out on section of the clot being made. The firm character of these coagula, their color, their adherence to the walls of the heart, and the changes which had taken place or were taking place within them marked conclusively that the formation of the coagula had occurred sometime, possibly some weeks, before death. Out of the eight cases, this old standing and degenerating coagulum was found in the right auricle in five cases, in the right ventricle in three cases, and in the left ventricle in

one case only. In almost all instances the cases had been such as included retardation of the blood's circulation through the lungs, and mostly a long and lingering death; the patients also being chiefly subjects of ill-health or intemperance."

Dr. Ogle thought pyæmia might be produced by bursting of a concretion. No special phenomena had marked the formation; a term of months might have elapsed, he believed, in some cases. Dr. Ogle also related some cases of embolism of both middle cerebral arteries, and of the coronary arteries.

We have frequently observed these fibrinous concretions in the cavities of the heart, and in at least one instance seen distinct vascularity of the new formation entitling it to the denomination of polypus.

Our friend Dr. J. P. Lynn exhibited to us, a few days since, a well-marked specimen evidently formed long anterior to the death of a well known resident of this city.

With regard to the causes, it is evident that all that is requisite is first a nidus upon which the clot may form then an excess of the fibrin of the blood, and lastly, but perhaps most important of all, such a degree of retardation of the velocity of the circulation as may favor deposit upon the roughened surface of the excess of fibrin present.

The physiological principles involved are well understood, and have been taken advantage of, again and again, in the cure of aneurism and stoppage of hæmorrhage by position, and mechanical and medical appliances.

Propositions to which we wish now to call attention are simply and briefly these: *The increased frequency of the heart's contraction in inflammatory and febrile affections has the physiological object of preventing the formation of coagula in its cavities. Rash interference with this prophylactic effort of nature, by agents which notably retard the heart's action, directly favors formation of these coagula and their subsequent dangers.*

He who boasts that with Veratrum Viride, or Tartar Emetic, or other sedative, he has reduced the pulsation from a hundred or more, below the normal standard, by no means convinces me that, unwillingly perhaps, he is not responsible for the sudden, or it may be slow and lingering, death which ensues. In this respect, it must be confessed, Tartar Emetic is immensely superior to its proposed substitutes, because it contemporaneously with its action upon the heart, defibrinates the blood.—*Chicago Medical Journal.*

Removal of the Uterus and Ovaries.

Dr. Chas. Clay, of Manchester, England, reports to the London Obstetrical Society "the entire extirpation of the uterus and its ovaries through the abdominal walls, which has ended most fortunately, the lady returning to her friends on the thirty-fifth day after the operation, and still continuing well, thus establishing another great fact in abdominal surgery. The case was that of a fibroid uterus of eleven pounds weight, with the ovaries in an unhealthy condition, and the tumor by its growth had latterly so filled up the cavity of the pelvis as to render the passage of the fæces and urine difficult. Dr. C. does not suppose that many uterine cases could be advisedly extirpated, but thinks some of those densely hard fibroid masses, where the constitution has not been greatly prostrated, might afford a fair prospect of cure under the knife.—*Chicago Med. Jour.*

Purulent Sinuses of the Mamma Cured by Rest.

The powerful curative agency of *rest* is well illustrated in a case of deep purulent sinuses in the left mamma, of five months standing, treated by Mr. Ure in St. Mary's Hospital, London. The breast was perforated in several places by the sinuses which could be traced under the gland, and from which there was a discharge of sero-purulent matter. It felt hard, somewhat fuller than the other, and was the seat of occasional throbbing pain. The difficulty was attributed to a blow on the part. Patient in a state of nervous trepidation from the idea of its cancerous nature. Mr. Ure directed the left arm to be kept steadily bandaged close to the side, with the forearm brought across the chest; the breast itself being simply covered with a piece of lint, to absorb the discharge. Without other treatment, the cure was complete in ten days. The principle involved is well worth application to other cases now generally treated by laying open the sinuses, or by the use of injections with uncertain result.—*Chicago Medical Journal.*

The Pitcher Plant in Small-Pox.

To the Editor of the American Medical Times,

N. Y.:—Monday, May 18, 1863, was called to W. C., a young man twenty-three years of age, strong and vigorous constitution. Found him with all the premonitory symptoms of variola, the lumbar pains being particularly prominent. He had been exposed to that disease eight or ten days before. Does not remember ever having been vaccinated.

Tuesday, 19th.—Fever higher, and pain more severe; eruption beginning to appear. I gave him the usual treatment; but without entering into details, suffice to say that on Saturday, 23d, there was a copious eruption of pustules about the size of small split peas, diffused over the whole body, particularly on the hands and face. The latter was so swollen as almost to close the eyes; the eruption being so thick even at this stage, as to look like one great pustule. There had been more or less delirium during the night, and the severe lumbar pains were undiminished. It now occurred to me to give the sarracenia purpurea a trial, as it was growing in abundance in a marsh near the house. I sent out and procured some of the roots, and directed the nurse to give a teacup two-thirds full of the decoction every four hours.

Sunday evening, 24th saw him again, had been delirious the night before, but was now calm, pulse slow, skin cool, and many of the pustules shrivelling. From this time the disease never advanced, but all the pustules dried up without maturing or leaving any pitting. The root in this case had cut short the disease. Let other physicians then give a trial and report on its results.

Yours, &c.,

Samuel Mitchell, M. D.

Cameron Mills, June 23, 1863.

We call attention particularly to the above case, on account of the pitcher plants growing wild throughout Canada, and the facility therefore with which every physician can try it for himself. The effect of this remedy is one of the great controversies of the day in Great Britain, where it has been sent from Nova Scotia, and administered in the small-pox hospitals to some of the most severe cases, and its powers denied. We shall be happy, therefore, to hear from any physician who gives it a trial; and also to learn the localities in which it is found most abundantly.—*Canada Lancet.*

FOREIGN.

Physiology of Tea-Drinking.

The reduction of the duty on tea involves not only a financial experiment, but a physiological one, of interest to all who study medical and social science.

An enthusiastic historian of the stimulants we use might find plausible ground for saying that the introduction of tea into the western world is the most

revolutionary innovation in the sphere of diet which history records, and for tracing to its influence on our national character much of the mental and physical activity of this nineteenth century. We must avoid enthusiasm, and try to say a few sober words on this subject.

The Chancellor of the Exchequer anticipates an additional consumption of tea to the figure of 6,000,000 pounds (?) What will be our experience of English character and life under this increased tea-drinking? What will be the equivalent physiological results of these six millions of pounds of tea? What will be their effect on English temper and tissue?

That tea has an influence over the tissues of the body is now among the things admitted in physiology. This influence is of a conservative nature, and its value to the poor can scarcely be overrated. To them, tea is virtually tissue, and makes a supply of food, that would otherwise be inadequate to maintain the weight of the body, sufficient for that purpose. Doubtless an unlimited supply of food capable of replacing any amount of effete tissue would be preferable to a substance which simply goes to prevent tissue from becoming effete; but this is impracticable—the unlimited supply of nitrogenous food being a thing that as yet neither Providence nor politicians have given to us. Doubtless, too, alcohol has, in common with tea and other substances, this power of retarding the waste of the tissues of the body; but probably it acts differently, and certainly it is open to strong objections which cannot be made against tea. This preservative power of tea over the tissues has not hitherto been explained. Perhaps it may not be altogether unconnected with another influence of tea which we proceed to notice—namely, an influence over the temper, or rather the mood, or, speaking physically after our fashion, over the nerves. Nothing affects the wear of tissue more than mood; and tea has a strange influence over mood—a strange power of changing the look of things, and changing it for the better; so that we can believe, and hope, and do, under the influence of tea, what we should otherwise give up in discouragement and despair—feelings under the influence of which tissues wear rapidly. In the language of the poor, who, in London, we are told, spend an eighth of their income in buying tea, it produces a feeling of comfort. Neither the philosopher nor the philanthropist will despise this property of tea, this power of conferring comfort or removing *ennui*, of promoting those happier feelings of our nature under which we can do most and bear most. There is no denying the considerable dependence of our moods and frames upon substances; and as moods are as important as muscles, as they effect as largely a man's ability for the great ends of life, we cannot regard the cheapening of such substances, when devoid of noxious qualities, as other than a most important benefit to the poor and a most interesting experiment for medical observers to watch.

Tea is indeed a great fact in our present mode of life. It has been the making of an additional meal among us since the "good old days" when people lived on three meals a day. Justice has scarcely been done to the magnitude of the change which has happened since the time when gentlemen—aye, and ladies, too—took beer to their early breakfast, when they dined at eleven, supped between five and six, and went to bed at ten. Tea and coffee have been the principal causes of this revolution.

One of the most important results of the use of tea is the prolongation of the social evening. At the time of evening leisure it gives the feeling of morning lightsomeness and freshness. It has something like the effect of sleep upon us. It removes that heaviness which follows the principal meal and would take us to bed "at ten." It postpones the hour of sleep. As a consequence of the postponement of the hour of sleep, follows inevitably the postponement of the hour of waking. Early rising has probably no such enemy as tea. There are not a few people who breakfast when their fathers used to think of dinner, who dine when their fathers supped, and who take their enlivening cup at the hour when their fathers were getting stupid and making ready for bed. No doubt there is some evil in all this, but there is more good. The mere alteration in the hours of sleep, or even the taking of an additional hour for this purpose, are not necessary evils. The question of evil or good turns upon the character of our waking hours, and we believe we are not saying too much for our present life when we say that life never was so active and so fruitful of good results as now.

Of course the increased consumption of tea which is to happen may involve some physiological consequences of a disagreeable nature; but not many. For the class to whom the cheapening of tea will be the greatest temptation are not troubled with "nerves." They have so much hard work to do, and so little of luxury in their lot, that the addition of a little good tea to their daily fare can only be a great comfort and a great boon, for which they will bless the name of Mr. GLADSTONE.—*London Lancet.*

Subcutaneous Herniotomy.

M. LANGENBECK, of Hanover, performs this operation as follows:—The surgeon pinches up a fold of skin, and makes an opening sufficient to allow the passage of the index finger, the opening being situated a little below and internally to the external ring. With the index, the soft parts which surround the protruding bowel are then detached up to the strictured part. The fibres of the ring are then to be torn with the finger, and, if the hooked finger do not succeed, a hernia-knife may be glided on it, or a blunt hook may be substituted for the knife, to avoid hæmorrhage. The sac is then to be examined, adhesions broken down, and the bowel returned into the abdomen. There must be, in this mode of operating, a great deal of tearing and bruising, and very little certainty as to the parts acted upon.—*Lancet.*

Another New Metal.

M. ASRAVAIS, Professor of Geology at Strasbourg, has obtained a new metal from the mineral waters of Alsace. It is yellow like gold, but is soft as lead. It has been introduced among the Paris jewelers.

Reviews and Book Notices.

Mitchell's New General Atlas of the Various Countries of the World. Containing Maps, Plans of Cities, etc., etc. Philadelphia: Published by S. AUGUSTUS MITCHELL, Jr., 31 South Sixth street. 1863. Price $7.

The great want of a large atlas in offices and families seems happily supplied in this nicely executed work. Being large quarto, it is more convenient than the still larger atlases of earlier times. And that Mr. MITCHELL is its author and publisher, will carry conviction of accuracy. Its eighty-four maps and plans, plainly engraved, exhibit the entire world's surface, including valuable statistics. Our railroads, and generally those of all other countries; our new States, new territories, and new counties, largest cities with streets, our harbors, forts, and battle places, have received careful attention. The convenience with which we find places, by aid of its post-office list, is a highly acceptable feature. The great value of this new atlas, for reference, its low price, must insure for it a rapid sale. G.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, AUGUST 29, 1863.

THE STUDY OF ANATOMY.

If the profession of medicine and the science and art of surgery are of any benefit to mankind; if it is proper to encourage young men to prepare themselves to attend upon the sick, the wounded, or otherwise injured, then it is worth while to give them every facility for the pursuit of anatomical studies, which lie at the very foundation of medical and surgical knowledge. Yet to the disgrace of Pennsylvania—a State which, for nearly a century, has been the fountain-head from which has flowed the streams for the healing of the nation, a State which has given the country more than half its physicians, and whose medical schools are, and have been a source, directly and indirectly, of an immense revenue—the only laws on her statute books bearing on the study of medicine render its students by implication, at least, guilty of felony, for the material without which they cannot pursue their studies to advantage, it is against statute law for them to obtain. According to the dogma "*qui facit per alia facit per se*," every student of medicine who comes to this State and pursues his studies, becomes in some sense amenable to the law for encouraging the infraction of one of the statutes of the Commonwealth.

It is remarkable that the profession of this State has not, by a united effort, had these obnoxions laws repealed long ago. It is to be accounted for only on the ground of neglect of organization. How can the profession unite on any course of action when out of sixty-six counties in the State not a score of them possess any medical organization? If we were properly organized, and acted in concert, our influence would be potent to secure any law for the protection of so vital an interest to medicine as the study of anatomy.

We have been glad to observe that this subject has of late received more attention at the hands of our profession. It has been the subject of several conferences, and at the last meeting of the State Medical Society, held in this city, Dr. Henry Hartshorne offered a resolution on the subject, which was referred to an excellent committee, consisting of Drs. Gross, Jewell, Nebinger, Condie and Bache, of this city, and Dr. McGirr, of Westmoreland county. The whole Society was also appointed a committee of co-operation. We trust it will not lose sight of the fact, and that the great body of the profession of the State outside of the Society, will lend their aid in the matter.

Let not the coming winter pass without the record of a statute passed by the Legislature for encouraging the study of anatomy. The material is abundant, and can be obtained without the most remote danger of hurting the feelings of surviving friends, as every one knows. The enactment of a law protecting the study of anatomy, would put the most effectual stop to the reprehensible practice of violating the sanctity of the grave. It is but a few years since a law was passed in the State of New York for the protection of the study of anatomy, and its passage has put an effectual stop to the traffic in human remains formerly carried on. The necessary material is now legitimately obtained and nobody's feelings are hurt, or are likely to be.

SPECIALTIES.

A word of Caution.

We have never been particularly favorable to the practice of specialties, for the reason that it opens a wide door to charlatanry and its tricks. We notice of late quite a disposition in the profession, in some localities, to divide off into the practice of specialties, and find that just in proportion as this is done the temptation is strong, and often yielded to, to *advertise* in some way. It is begun by publishing articles of an intensely special character in the medical journals, then a card is inserted, first in the medical journal, and finally a newspaper; then a reporter of the press happens to witness a "splendid operation," which is duly heralded to the world; then an illustrated pamphlet follows, which may, and may not be sent "to physicians only." We frequently receive such pamphlets bearing the imprint of honorable members of the profession, who, we fear, are in very great danger of prostituting their high calling.

We believe the public would, in the long run,

be better served by the intelligent, general practitioner of medicine and surgery, who does not shrink from cases of any kind, but who is ever ready to fortify himself in serious and doubtful cases by calling to his aid the counsel of others of more experience or tact than himself.

There are two natural divisions, viz., medicine and surgery, which it may be well enough to recognize to a certain extent, but not without great caution. Some practitioners seem to have more taste and capacity for practice in one of these departments, while others have more for the other. But when it comes to subdividing these departments, there is very great danger that more harm than good will result to both the profession and the public. *Verb. sap. sat.*

Notes and Comments.

Mitchell's Atlas.

Sometime since we briefly noticed this splendid work. We have such frequent occasion to refer to it, and do so with so much satisfaction, that we must be excused for again calling attention to it. The work is strongly bound in stiff covers, and contains fifty-three large quarto maps, and eighty-three maps, plans of cities, etc. Our readers will find it very convenient for reference, at this time when we hear of battles being fought in so many parts of our own country from Devil's lake on the North to the Teche country on the South, and from the Cache settlements in the West to the Atlantic seaboard in the East, besides the fighting that is now going on and that which is likely to be done in Mexico, Europe and other parts of the world. Seven dollars invested in the Atlas will be money well spent.

Hamilton on Fractures and Dislocations.

We have received a copy of the second edition of this very complete work. The study of this subject has been with Dr. HAMILTON a work of love —and he has produced a book which will be a lasting and useful monument to his patience of investigation, learning, and practical ability.

This revised and enlarged edition appears at an opportune time, and we doubt not there will be an extensive demand for it. The work is placed on the United States Army Supply Table for Post and General Hospitals. It will be found well adapted to their use.

An extended notice of the book will soon appear from the hands of a competent reviewer.

Blackberries—(Fruit of rubus Canadensis.)

It is said that Virginia is one vast blackberry field, and that the soldiers, in consequence of living on this diet for some time past, are in an excellent sanitary condition. It is estimated that since the army returned to Virginia, the free use of blackberries has saved the Government nearly a million of dollars in medical and hospital stores.

Correspondence.

DOMESTIC.

THE HOSPITALS AT GETTYSBURG.

The following letter from Dr. GORDON WINSLOW, an agent of the Sanitary Commission, to one of its officers, gives an interesting account of the hospitals at Gettysburg, and of the labors of the Sanitary Commission, and the esteem in which it is held by all parties.

GETTYSBURG, *August* 13, 1863.

I thank you for your letter of the 8th instant, just received. You seem interested in our hospital matters, and I am quite disposed to afford any details that may be desired. I will be as specific as circumstances will allow. The camp hospital is called Camp Letterman, and is about a mile from Gettysburg. It occupies an elevated plateau of table-land, of some fifty acres, overlooking the town and the extensive battle-fields for miles around. This, comprising the Round Top, Flat Top (or as it is now called Weed's Hill), the Cemetery Hill, the College and Seminary, make up the foreground of the picture, and in the distance are spurs of the Blue Ridge Mountains, with undulating lines of rich, deep indigo along the horizon.

The site of the camp and the surrounding fields were occupied by the Rebels when attempting to turn our left wing. The tents are arranged in military order, of the usual hospital size, in double rows, backed together, each opening upon avenues twenty yards wide on either front, forming six double rows, with avenues some three hundred yards long, rendering the camp nearly square. On the north, northeast and west are primitive groves of tall hickory and oak, cleared of the underbrush, in which are situated on the northeast a row of tents for officers, surgeons in attendance, lady nurses, and the large store tents of the Sanitary Commission, five in number, with their cook-house, &c., &c. Along the line on the north are arranged the commissary tents, the kitchen, some seventy feet long by thirty wide, surrounded by huge boilers, &c., an ice house, a bakery, and sundry tents for attendants, &c.

Further back in the woods are the quarters of the guard, nearly surrounding the whole. A strict police is kept up. I had forgotten to say that across the east end, nearly at right angles with the officers'

tents, is a row of tents for Rebel officers, numbering some eighty to one hundred, who are kindly cared for. The whole number of patients is now about *fourteen hundred*, of whom there are over nine hundred of the worst class of wounds, viz.:

Penetrating wounds, of the chest	70
Penetrating wounds, abdomen	28
Penetrating wounds, pelvis	55—153
Compound fractures, thigh	171
Compound fractures, leg	89
Compound fractures, arm and forearm	90--350
Amputations, thigh	128
Amputations, leg	172
Amputations, arm and forearm	136—436
Total	939

Dr. C. N. Chamberlin is at present the Surgeon-in-Chief, assisted by three division and some fifty ward surgeons.

From the commencement of the rebellion, the Sanitary Commission has maintained its position as a most wise, humane, and efficient aid to the Government in mitigating the horrors of war in many important respects. Its agents are on every battle-field, in every camp, and every hospital, to rescue the unfortunate sufferer from the miseries of neglect and untimely death. This is felt and appreciated by the Rebel as well as Union soldiers. At the late battle, two of the agents of the Sanitary Commission were captured, and are now in Libby Prison, Richmond. The moment this was known to the Rebel surgeons in our hospitals, they united in a petition to General Lee, for their release. This petition is worth recording, and is as follows:

"The undersigned surgeons of the Confederate army, now in charge of the several hospitals within the Union lines at and about Gettysburg, beg leave to testify to our General-in-chief in favor of the United States Sanitary Commission as a most praiseworthy and charitable institution. Through its kind provisions *our* hospitals are supplied with many comforts which are of inestimable value to our wounded and suffering men. While the promptness with which their agents follow on the heels of battle, enables them to dispense an immense amount of relief to the unfortunate sick and wounded soldiers on either side, it also necessarily exposes them to any reverse of fortune which may oblige them to ask protection from the successful party. Thus, during the late battle at Gettysburg, four of the agents of the Sanitary Commission fell into our hands, and as we learn, are now held as prisoners of war. We respectfully submit that as these men were taken without arms, and while in the employ of their charitable office as almoners of the Sanitary Commission to the wounded soldiers of either party, they be released from restraint and permitted to return to their work of benevolence and good-will to all."

The above was signed by some twelve of the chief surgeons of the Rebel army, and directed to General Lee.

Army and Navy News.

Changes.

Assistant Surgeon Josiah H. Culver, detached from the receiving ship at New York, and ordered to duty in the South Atlantic blockading squadron.

A Tour of Inspection.

Gen. Canby and Staff, Surgeon-General Wm. A. Hammond, Medical Director Surgeon C. McDougall, and Major Stewart Van Vleit, Quartermaster U. S. A., were at New York, on a tour of inspection of the hospitals and defences in that harbor, on Friday and Saturday last. Brig.-Gen. Harvey Brown, now in command at Fort Schuyler, joined the party also at that point. Gen. Canby and Surgeon-General Hammond expressed themselves as well satisfied with the condition and management of the hospitals, both for our own men and for the rebels on David's Island. The Surgeon-General has certainly been fortunate in the selection of a Medical Director for this Department. Dr. McDougall is peculiarly qualified for this position, both by long experience in the army, and in possessing those other qualities of kindness and sympathy, which render him at all times accessible. The several military Departments work harmoniously and satisfactorily to all parties concerned.

Surgeons Promoted.

The following Assistant Surgeons have been promoted to the rank of Surgeons in the Volunteer Corps: C. E. Swasey, L. G. Rice, Jas. H. Peabody, Wm. R. Dewitt, and H. W. Ducachet. The following have been appointed Assistant Surgeons of Volunteers: J. K. Bunday, W. B. Trull, G. McMiller, Fred. Lloyd, D. B. Wilson, J. K. Rogers, and G. S. Courtwright.

News and Miscellany.

Chicago Medical College.

The Medical Department of Lind University has adopted the name of the Chicago Medical College. The *Medical Examiner* says:

"The friends of this Institution will be gratified to learn that its next Annual Course of Instruction will be given in an entirely new and permanent College edifice. The latter is now in process of erection, and will be completed before the end of September next. It is located in the South Division of the City, near the corner of State street and Ringgold place. It is being built of brick, three stories above the basement, and will contain a library and dispensary room, laboratory, museum, dissecting room, college hall or lower lecture room, and amphitheatre. Being constructed especially for a medical college building, it will contain all the conveniences and comforts that are desirable in such institutions. The location is directly between the Mercy Hospital and the City Hospital building, and so near that students will have easy access to both; thus enabling the faculty to retain the most ample clinical advantages, as a part of their regular course of instruction. The present summer course of instruction, which is now nearly completed, has been a very pleasant and profitable one; and the institution, in all its relations, is steadily increasing in its prosperity."

Apothecaries and their Relations to the Medical Profession.

At a meeting of the Kings County Medical Society, held July 14, 1863, the attention of the Society was called to the censurable course pursued by some of the druggists of the county. It was stated by several of the members that these gentlemen were in the habit of commenting upon prescriptions to the disparagement of physicians, substituting other articles for those prescribed, and not unfrequently renewing the prescriptions without the knowledge or consent of the attending physician, and that they were in the habit of prescribing for patients. For these, among other reasons, a committee was appointed, who made the following report, which was adopted:

Whereas, It is eminently desirable that the art of prescribing and dispensing medicines should conform, as far as possible, to scientific accuracy, therefore,

Resolved, That the Medical Society of the County of Kings recognizes the fact that physicians should be scrupulously careful in writing their prescriptions distinctly, and that they should use, as far as practicable, officinal names only.

Resolved, That it is the duty of dispensing apothecaries to put up prescriptions distinctly as directed, or to reject them, excepting, however, when there is cause to suspect a mistake; in which case, it is manifestly the duty of the apothecary to assure himself of the intention of the prescriber, before dispensing the prescription.

Resolved, That the practice which some apothecaries indulge in, of treating cases of disease, constitutes quackery in its worst form, because of the false confidence which their semi-professional character inspires in the minds of the people.

Resolved, That recommending nostrums, prescribing, criticizing prescriptions, or otherwise indulging in conversation tending to impair confidence in the author of a prescription, substituting other articles than those directed by physicians, keeping incompetent clerks, dispensing medicines of bad quality, repeating prescriptions against the expressed wish of the prescriber, and habitual carelessness, are all disreputable practices; and it shall be the duty of the members of this Society, who may hereafter become cognizant of such conduct, to report the same to the Society for the benefit of his Fellows.

Resolved, That these resolutions and preamble be approved by the President and Secretary in behalf of the Society, and published; and that a copy of the same be presented to every apothecary in the county, if practicable.

DEWITT C. ENOS,
Prest. Kings Co. Med. Soc'y.

JOHN T. YOUNG, M. D.,
Sec. Kings Co. Med. Soc'y.

—*Am. Med. Times.*

A Tremendous Shock.

Dr. JEROME KIDDER, of New York, has lately enjoyed the happiness of receiving, with perfect safety, a shock of electricity sufficient, according to the previous ideas of scientific people, to kill fifty men. The experiment took place at the Cooper Institute, under the direction of the eminent Professor VANDER WEDE, of that institution. The battery consisted of six of the large Bunsen cups and a Ruhmkorff coil, of sixteen miles of wire, made by E. S. RITCHIE, of Boston—one of the best makers in the country. A most formidable battery, truly! The New York *Tribune* states that Dr. KIDDER had observed that the longer the wire was used the greater the tension, and consequently the greater the ease with which the current is conducted through the body. Hence he argued that the enormous length of the wire in the Ruhmkorff coil must render the current so highly conductible that, in spite of its great power, it would not lacerate the tissues of the body. He staked his life on his opinion and won it.—*Scientific American.*

Doctors' Quarrels.

Despite the popular opinion upon this subject, our own notion is that doctors are quite as amiable toward each other as members of other callings, trades and professions. We have seen even staid and white-neckclothed clerical gentlemen quite as lacking in broad and generous charity as ever we observed in our brethren of the lancet. The following very good story, however, at our expense, is told by the author of "The Book about Doctors," which we give for its spice:

A London druggist once put up at the chief inn of a provincial capital, whither he had come in the course of his annual summer ride. The good man thought it would hurt neither his health nor his interests to give "a little supper" to the apothecaries of the town, with whom he was in the habit of doing business. Bent on giving practical expression to this resolve, he sallied out from "The White Horse," and spent a few hours in calling on his friends, asking for orders, and delivering invitations. On returning to his inn, he gave orders for a supper for twelve, as eleven medical gentlemen had engaged to sup with him. When the hour appointed for the repast was at hand, a knock at the door was followed by the appearance of guest A., with a smile of intense benevolence and enjoyment. Another rap, and guest B. entered. A. looked blank, every trace of happiness suddenly vanishing from his face. B. stared at A. as much as to say, "You be ——!" A. shuffled with his feet, rose, made an apology to his host for leaving the room to attend to a little matter, and disappeared. Another rap, and C. made his bow of greeting. "I'll try to be back in five minutes, but if I'm not, don't wait for me," cried B., hurriedly seizing his hat and rushing from the apartment. C., a cold-blooded, phlegmatic man, sat down unconcernedly, and was a picture of sleeping contentment till the entry of D., when his hair stood on end, and he fled into the inn yard as if he were pursued by a hyena. E. knocked and said, "How do you do?" D. sprung from his chair, and shouted "Good bye!" And so it went on till, on guest No. 11 joining the party that had received so many new comers, and yet never for an instant numbered more than three, No. 10 jumped through the window, and ran down the street to the bosom of his family. The hospitable druggist and No. 11 found on a table provided for twelve quite as much supper as they required.

Next morning the druggist called on A. for an explanation of his conduct. "Sir," was the answer, "I could not stop in the same room with such a scoundrel as B." So it went, down the line. B. had vowed never to exchange words with C. C. would be shot rather than sit at the same table with D.

"You gentlemen," observed the druggist, with a smile to each, "seem to be almost as well disposed amongst yourselves as your brethren in London; only they, when they meet, don't run from each other, but draw up, square their elbows, and fight like men."—*Lancet and Observer.*

New York Medical News.

Professors CARNOCHAN, BUDD, and SMITH, have resigned their chairs in the Thirteenth Street Medical College, owing to the slim attendance of students. Professor BUDD has accepted the chair of Diseases of Women and Children, in the University Medical

College, just vacated by the resignation of Dr. BEDFORD.

The idea of establishing specialty wards in Bellevue Hospital, which seems to have originated in a desire to supply a service to Dr. ECHEVERRIA and one or two others, has fallen through.

Bellevue Hospital has commenced the English system of having out-door patients; a very good idea, but seriously injuring Demilt Dispensary, which is located close by, and which has heretofore been considered as the only dispensary worth the students' attention.

The French Conscription.

The year's conscription of one hundred thousand men, which is just over, shows, it is said, a large increase in France in the number of the sickly and the deformed, of the class who are below even the small stature of the approved conscript.—*Lancet and Observer.*

Induction of Premature Labor.

Professor GIORDANO tells us that the best method of inducing premature labor is cauterization of the neck of the womb with lunar caustic. This, he says, excels all other methods.—*Amer. Med. Times.*

Vivisection.

The deputation of the Society for the Prevention of Cruelty to Animals, which some time since waited on the Emperor NAPOLEON to protest against the practice of vivisection, have been rewarded by an ordinance of police, which places a check on this practice. The veterinary and anatomical schools are therefore expected to relinquish it entirely.—*London Lancet.*

The Upas Poison.

There is a statement in the *Abeille Medicale* that a scientific gentleman of Berlin recently took three grains of the upas. He immediately felt an exhilaration of spirits, followed by headache; in half an hour this was succeeded by spasmodic convulsions and other symptoms. On removal to the hospital, an emetic and opiates were administered. He recovered in six days.—*Cincinnati Lancet and Observer.*

DIED.

BARTLETT.—At Middletown Point, N. J., Aug. 25, Dr. John S. Bartlett, in the 73d year of his age. He was an Englishman by birth, a gentleman of fine literary talent, twenty-six years proprietor of the "New York Albion," and subsequently of the "Anglo Saxon," published in Boston.

BLATCHFORD.—In Troy, New York, on Sunday, August 23, T. Wickes Blatchford, of New York, son of Dr. T. W. Blatchford, aged 43 years and six months.

BROWN.—In Baton Rouge, La., Dr. Samuel H. Brown, of the One Hundred and Seventy-fourth Regiment, New York State Volunteers, formerly of New York City, in the 39th year of his age.

DAVIS.—On Thursday, August 20, off Cape Hatteras, North Carolina, Luther Davis, a member of the Ninth Regiment, New Jersey Volunteers, son of Dr. Charles Davis, of Phillipsburgh, New Jersey, of bilious fever, in the 21st year of his age.

GOMINGER.—On the morning of the 24th instant, Thomas Passmore, son of Dr. William H. and C. E. Gominger, in the 16th year of his age.

STEVENSON.—On Tuesday morning, Aug. 25, at his late residence, No. 15 Harrison street, N. Y., Dr. John B. Stevenson, aged 65 years.

WAINWRIGHT.—In New Orleans, on Wednesday, Aug. 5, of typhoid fever, acquired in camp before Vicksburgh, Dr. D. Wadsworth Wainwright, Surgeon U. S. V., in the 31st year of his age.

METEOROLOGY.

August.	17,	18,	19,	20,	21,	22,	23.
Wind	N. E.	N. E.	S.	S. W.	S.	S. W.	S.
Weather	Clear.	Clear.	Clear.	Clear.	Clear.	Clear.	Clear.
Depth Rain							
Thermometer							
Minimum	67°	57°	60°	62°	65°	69°	70°
At 8 A. M.	74	67	73	75	75	74	83
At 12 M.	74	72	77	82	82	84	87
At 3 P. M.	73	74	80	84	84	89	90
Mean	72	67.5	72.5	75.7	76.5	79	82.5
Barometer.							
At 12 M.	30.2	30.4	30.2	30	30	29.9	30.1

Germantown, Pa. B. J. LEEDOM.

VITAL STATISTICS.	Philadelphia. Week ending Aug. 22.	New York. Week ending Aug. 24.	Baltimore. Week ending Aug. 24.	Boston. Week ending Aug. 22.	Providence. Month of July.
Popl'n, (estimated.)	580,000	950,000	240,000	180,000	52,000
Mortality.					
Male	257	343	85	51	43
Female	222	320	66	63	46
Adults	155	237	42	45	48
Under 15 years	309	422	106	66	35
Under 2 years	253	347	75	62*	21
Total	479	663	151	114	89
Deaths in 100,000	82.59	69.79	62.92	63.33	171.15
American	386	467	...	75	41
Foreign	70	149	...	39	48
Negro	18	10	15	1	6
ZYMOTIC DISEASES.					
Cholera, Asiatic	...	1	...	...	...
Cholera Infantum	126	149	30	29	12
Cholera Morbus	2	9	1	4	...
Croup	2	2	5	2	...
Diarrhœa	14	37	...	3	3
Diphtheria	9	14	6	3	2
Dysentery	9	11	1	6	6
Erysipelas	...	2	1	...	...
Fever, Intermittent	...	...	...	...	...
Fever, Remittent	2	...	...	...	...
Fever, Scarlet	3	4	3	...	...
Fever, Typhoid	7	19	1	3	2
Fever, Typhus	...	13	...	...	...
Fever, Yellow	...	...	...	...	...
Hooping-cough	2	3	2	1	...
Measles	...	3	...	...	...
Small Pox	...	2	3	...	...
Syphilis	1	...	...	...	...
Thrush	...	...	...	...	1
SPORADIC DISEASES					
Albuminuria	...	4	...	...	...
Apoplexy	7	3	1	2	...
Consumption	37	61	20	17	18
Convulsions	19	34	1	6	3
Dropsy	21	2	2	2	2
Gun-shot Wounds	12	1	...	...	...
Intemperance	5	...	...	1	4
Marasmus	28	35	...	...	...
Pleurisy	...	3	...	...	...
Pneumonia	8	22	2	4	1
Puerperal Fever	...	2	...	...	1
Scrofula	...	1	...	...	...
Sun Stroke	13	21	6	...	...
Violence and Acc'ts	15	22	2	2	1

* Under 5 years.

TO CORRESPONDENTS.

For the information of those who are not authors, we will state that MANUSCRIPT INTENDED FOR PUBLICATION MUST BE WRITTEN ON BUT ONE SIDE of the sheet. If greater care was taken in the preparation of copy, much trouble would be saved to printers, and mistakes would rarely or never be made.

BACK NUMBERS.

Subscribers desiring old back numbers (excepting Nos. 304, 305, 308, 309, and 310, which are still due, and will be sent) will please remember and send money to pay for them and for postage, as many of the numbers are growing scarce, and we have to prepay the postage, two cents a number.

THE

MEDICAL AND SURGICAL REPORTER.

No. 355.] PHILADELPHIA, SEPTEMBER 5, 1863. [Vol. X.—No. 19.

Original Department.

Communications.

DIPHTHERIA.

By P. R. Wagenseller, M. D.,
Of Selin's Grove, Pennsylvania.

[Continued from page 229 of Vol. IX.]

Treatment.

There is probably no disease in the treatment of which a greater variety of remedies has been proposed than in that of diphtheria.

Tracing back its history to the most remote periods, from which date our first accounts of the disease, we can find no uniformity among, and but little to encourage us in the views of the earlier physicians on its treatment. The time is still fresh in our recollection (for many years have not yet passed) when many practitioners were accustomed to regard it as a sthenic disease, requiring for its cure, in almost every instance, depressants, counter-irritation, evacuants, and not unfrequently even bloodletting. Mercury, in some form or other, had a goodly number of advocates, and by such, no matter in what form the disease presented, this remedy was extensively used in and considered alike applicable to every case. There were others again who regarded local applications as the treatment *par excellence*, and these were accustomed to rely, almost exclusively, upon the application to the fauces of nitrate of silver, the mineral acids, etc.

During the last few years, however, since the experience of the profession with the disease has become more enlarged, and their acquaintance with its true nature more extended, the principles of treatment have been established upon a more rational basis; and, although there are still differences of opinion in regard to minor points on this subject, upon its main features there is now a very general unanimity. That we may justly claim a great improvement upon the means of cure formerly resorted to in the management of diphtheria, no reasonable mind will, for a moment, dispute.

This is abundantly confirmed by the experience of every one who has taken the pains to keep pace with the advance in medical science, and who will compare the results of former treatment with the results of the therapeutics of the present day.

It must still, however, be borne in mind, that there has, as yet, been discovered no specific antidote to the poison of this disease, and notwithstanding the alleged success which some writers claim to have had from this or that particular remedy, the proportion of deaths from it, when it occurs in a malignant form, will, even under our improved plans of treatment, be such as to very soon cool the ardor of him who trusts confidingly in vaunted specifics or relies implicitly on the assertions of those who, under their favorite mode of treatment, "have never lost a case." In comparing the great success of some practitioners, as occasionally published in the medical periodicals of the day, with the entire failure of others of no less eminence and ability in the management of diphtheria, the inquiry naturally arises—Whence this great disparity in the results of treatment? Its solution, no doubt, is to be found in this—that the former were favored with a peculiarly mild form of the disease, whilst the latter may have had to do with cases of more than usual malignancy. That a certain proportion of deaths will occur in malignant cases under even the most skillful management, no one can truthfully deny; while, on the other hand, the statement is equally true, that a very large proportion of the same cases will recover under timely and appropriate treatment.

In judging of the efficacy of any therapeutic means resorted to in the cure of diphtheria, it is important to recollect that in this, as in many other diseases, there is every conceivable grade of severity, and whilst some cases will end in recovery with little or no treatment, there are others which, in spite of all the remedies with which we are at present acquainted, will run on rapidly to a fatal termination. During the epidemic prevalence of diphtheria there is a third class of cases of intermediate severity which most usually comes under the notice of the physicians. These cases, if left to themselves or badly treated, will generally die, and it is in this form of the disease that the importance of timely and judicious interference becomes apparent. If there are any points which

deserve especially to be impressed upon the mind of the physician, they are as follows: *In diphtheria he has a specific disease, one in which there is a poison to be eliminated from the blood and in which death, unless accidentally caused by mechanical obstructions to the respiration by the extension of the exudation to the larynx, usually results from asthenia.*

So well are these facts beginning to be recognized among the observing portion of the profession, that the number of those willing to risk depletory or depressing means in its treatment, is now exceedingly small. That it is essentially an asthenic disease, and requires from its inception, or very soon thereafter, a sustaining course seems, at the present day, to be clearly established.

The main objects, therefore, to be kept steadily in view are, to support the system during the progress of the disease, and conduct the patient safely to its termination. These are best accomplished by the early and persistent use of nourishing and easily digestible food, by the administration of tonics and stimulants, and especially by the observance of those *hygienic regulations* which conduce to cleanliness of person and surroundings and a proper attention to ventilation.

Hygienic Management.—This we consider of primary importance in the cure of all bad cases of the disease. It must have fallen to the lot of every practitioner who has had the requisite experience, to observe how favorably diphtheria may be modified by the observance of strict hygienic rules alone, and often before any other remedial means have been brought into play. The occasions are not infrequent when the physician is called upon to contend with this disease occurring in the abode of filth and misery—the home of a family poor in every thing save in the number of its constituents. Here he witnesses generally the epidemic in its malignant form, and under conditions very adverse to successful treatment. The first few cases are rapidly fatal; not so much so perhaps for the want of medical skill or treatment as on account of the disease attacking those in whom there exists great depression of the vital forces and a peculiar state of the system engendered by the circumstances in which the most destitute of our race are obliged to live. To add to the severity of a malady already sufficiently grave, from causes just enumerated, the erroneous impression exists among the ignorant that in sickness every avenue to the approach of light and air must be carefully avoided. A number are huddled together in a small, unventilated apartment, which must answer for all the purposes of cooking, eating and sleeping for a numerous household. The consequence is, an atmosphere is generated which will, no matter how slowly, still surely, undermine the health of even the most robust constitution, and make its possessor doubly susceptible to any epidemic influence that may be prevailing. What wonder that the mortality of any disease should be frightful under the circumstances? The air, poisoned by the emanations from their own bodies, but aggravates ten-fold the depression consequent upon unwholesome and insufficient food, and renders the subject of the disease an easy prey to the fell destroyer. The system, when invaded by sickness, under such conditions, is found to possess but little reactive power, and if the causes, which originally gave rise to this state, are permitted to continue in operation, no surprise need be excited at the fruitlessness of all efforts on the part of nature or art in the cure of the disease. The patient is dead almost before any attempt at the elimination of the diphtheritic poison has been made, and without proper precaution, every inmate of the infected dwelling must speedily follow in his wake. These are the cases in which the skill of the physician is most sorely tried. He may, perhaps, be too late in enforcing the observance of ventilation, cleanliness, appropriate nourishment, and segregation of cases for *those already fairly within the grasp of the disease*, but the effect of such advice tells powerfully upon those *subsequently taken ill of it.* We have frequently seen reports in which entire families are said to have died, one after another, in rapid succession, from the ravages of diphtheria, and have had the misfortune on several occasions to lose two of a family, where the surroundings were such as greatly to depress the vital powers. Yet, whenever the necessary hygienic regulations were properly observed from the beginning, the cases subsequently attacked exhibited a much greater amount of reactive power, showing an increased effort on the part of nature in the elimination of the poison from the blood, and affording more time to bring into play the therapeutic means necessary to assist nature. That the malignancy of the disease, in instances such as those just referred to, is, in a very great part, due to the enfeebled condition of the constitution, arising from neglect of proper hygienic rules, we have no doubt whatever. The epidemic influence is intensified by local causes, such as previously referred to, and in consequence of which an atmosphere is generated, which cannot but exercise a most injurious influence upon those living within its sphere. Acting from such convictions, our first endeavor on such occasions has been to remove everything that may in the least interfere with the restoration of the vital forces to their highest condition of healthful activity. This being accomplished, we have then reasonable hopes of our ability to do good by the administration of medicines.

Therapeutic Treatment.

In the administration of medicines in diphtheria, our first aim should be to select, if possible, such remedies as are capable of neutralizing the poison of the disease, and of assisting nature in its elimination. No precise formula can be given for the treatment of all cases, for, as in other diseases, so in this, there may be little uniformity in the cases presenting, and so great a difference in the indications of remedies, that in its management the practitioner must, to a great extent, be guided by general principles. The prudent attendant will, therefore, depend much upon his own judgment as to the means used to conduct it to a favorable issue; and, although he may have learned to rely upon a certain course of treatment, applicable to a majority of cases, his main object must be to combat symptoms as they arise in each individual case of the disease. In that form, in which from the beginning constitutional symptoms predominate, there is every variety of grade, ranging from a small and circumscribed yellowish exudation on one or both tonsils, surrounded by a bright red condition of the remaining portion of the gland, to an ashy-grey coating over a part or the whole of the tonsils, uvula and pharynx, accompanied with gangrenous sloughing of one or all the parts, and much external swelling. The former and milder form, (although the sequelæ sometimes occur even in the mildest cases,) is self-limited, and if occurring in a tolerably healthy constitution, and under favorable hygienic conditions, will generally end in recovery without any medication; the latter and gangrenous form, although much influenced, and often promptly arrested by judicious interference, is sometimes totally unmanagable under any form of treatment.

In the milder form of diphtheria, in which the pulse, though considerably quickened, is open and full, and the exudation mostly confined to the tonsils, and of a *bright buff color*, we have found nothing more necessary than a mild purge, followed by chlorate of potash, in from five to ten grain doses, every three hours. Marked relief follows in from twenty-four to forty-eight hours after the first administration of the salt, and recovery is thereby much hastened, so that in several days the patient may be discharged. In the severer type of the disease, in which the exudation is more dull or ashy, the surrounding borders livid, the breath foul, and a greater tendency to sloughing, we add to each dose of the chlorate of potash from five to twenty drops of the tincture chloride of iron. In addition to this, and at the same time of administration, we always give quinine in from one to three grain doses, and in a bad case, especially where there is much frequency and feebleness of the pulse, we would by no means be willing to relinquish this remedy. In cases having a gangrenous tendency especially, we are disposed to look for signal benefit from the use of quinine; and, since we have used it freely, in conjunction with the above named remedies, we have seen recoveries brought about in cases which our former experience would have warranted us in pronouncing hopeless. In these cases, too, the regular and systematic administration of nourishment and stimulants becomes absolutely indispensable. When these cannot be given by the mouth on account of difficulty, or impossibility of deglutition, they must be given by injection frequently, and in such quantities as can be easily retained by the bowel.

These, with the exception of some local treatment, to which we shall presently refer, are the means upon which we are accustomed to rely in the description of cases above given; and, although we do not contend that a cure will invariably follow, we confidently expect recovery in cases of great malignancy, provided we see the patient early, and our directions are fully complied with.

In that class of cases in which the disease invades the larynx, threatening death by suffocation, or when, as occasionally happens, it originates in this locality, the prospects, under any circumstances, are extremely unfavorable. Always anticipating this condition of things, we have, for a long time, been in the habit of prescribing chlorate of potash as a preventive.

Our experience with this remedy in various affections of the mucous membranes, as well as in the form of the disease under consideration, extends back over a period of now nearly ten years, during which time we have had abundant evidence of its anti-diphtheritic influence, and we are firmly convinced that its virtues are, even at this day, not sufficiently appreciated by the profession. When, however, croupal symptoms have become fully established, our chief reliance has been in sulphate of copper given to the production of free emesis, and at such intervals as the urgency of the dyspnœa may seem to require—with this, or in the intervals between the emetic, we give calomel in small and frequently repeated doses, while at the same time the system is properly supported by appropriate nourishment and stimulants. Until we had adopted this plan, now about two years ago, we were in the habit in these cases of giving invariably an unfavorable prognosis. *We had never seen a case recover.*

With the sulphate of copper and mercurial treatment we have, since we first adopted it, seen a number of recoveries from this hitherto hopeless condition; and in some other cases, in which the same means were resorted to, although the laryngeal complication was overcome, the patients died

subsequently from the asthenia, so invariably a part of this disease.

[To be continued.]

SARRACENIA PURPUREA

In the Treatment of Variola, with Cases and Remarks.

By A. N. McDowell, M. D., U. S. A.,
Of Ironton, Mo.

Symptoms of Variola.

The patient complains of severe pain in the limbs and lumbar region; when the eruption appears the pain is relieved, and the patient will often remark that he is well. There is soreness of the fauces. If you examine you will find the eruption appearing in the throat and more advanced than upon the skin. These are diagnostic marks, you see them in every case. If you have diarrhœa in the outset of the disease, the prognosis is very unfavorable.

Is it a sthenic or asthenic disease? As I have seen it, and as it occurs in our army hospitals, it most certainly belongs to the latter class, and calls for tonic and stimulating treatment.

Prognosis.

What is the prognosis? If the disease be recognized at first, and properly treated and nursed, not to have the patient put off in a pest house, without fresh air and perfect ventilation, and seldom, if ever, prescribed for, and then by a physician looking in at the window; but prescribed for and attended to as in any other disease, the prognosis is not unfavorable. A physician who neglects a small small-pox patient is a disgrace to the profession.

Out of sixty-two cases treated by me, many of them very malignant cases, I have only lost three.

Treatment.

My cases are all treated as if the disease were of an asthenic type, using stimulants freely; give the patients lager beer, ad libitum; it is generally very cooling and grateful, and relished well by the patients, and when taken with a relish they all lived; also, whiskey freely, in milk-punch, but I prefer beer if it can be obtained.

Diet to consist of eggs and milk. The only medicine used was the sarracenia purpurea. It was prepared according to the following formula: (I used the leaves as I could not get the root;) one and a half ounces of leaves to one quart of boiling water, boiled down to one and a half pints, and administered, one wineglassful every six hours.

The first case in which this remedy was used, the patient was unprotected by vaccination, and had been several months at this hospital acting a nurse. He was taken with violent symptoms, sharp pain in the chest, great difficulty of breathing; in fact the symptoms were more those of pleuritis. When the eruption appeared, and we determined to use the infusion of sarracenia, assuming that if its exhibition in this case was successful, it might be a useful remedy. Our prejudices were against the remedy, but it soon proved its efficacy; the eruption came out well, but instead of proceeding to suppuration, as usual, it began to dry up; the swelling was much diminished, because there was much less irritation, and the secondary fever much milder and of short duration; in fact, all the symptoms were greatly mitigated, and in a short time, instead of scabbing off with the usual fever and great irritation, the scales peeled off like bran. An old nurse in attendance remarked, "Why, doctor, what is the matter with this patient, he acts altogether different from other small-pox patients; he is scaling off, and every day when I make his bed I find about two handfuls of scales like bran!" We watched the case closely and were delighted, in fact we were satisfied of the triumph of the remedy.

Will it prevent pitting? Let the medicine speak for itself. Two females were ordered into our hospital by the post commander, both sick with small-pox; one had been sick for two weeks, to this one I gave no sarracenia; the other was in the second day of the eruption; neither had ever been vaccinated. To the latter I administered the sarracenia with the same effect as in the case first described. The one who took none of the infusion was pitted fearfully, in fact, was scarred; the skin of the other was smooth, and in a short time every vestige of variola disappeared. Let me compare those who took no sarracenia with those who did, and mark the difference. Having had some cases under treatment before I obtained the remedy—severe cases of variola confluens—there was great swelling, much irritation and suppuration, and prolonged suffering, with great puffiness of the hands and face. On the contrary, those treated with the infusion of sarracenia, had no suppuration, the irritative fever was very slight, and the long and tedious stage of scabbing was passed over by the quick process of scaling.

Surely a remedy that will so hasten, alleviate, and mitigate the sufferings of patients, and prevent such terrible disfigurement should not be laid aside.

Of the three who died, two left camp on a drunken spree, and having a quantity of whiskey and fearing to return to camp with it, they determined to finish their debauch, and took refuge in a deserted shanty in which a female had died the day before of confluent small-pox. They laid down upon her bed in the midst of the filth and there remained drunk for two days and nights; neither

had been vaccinated, and both had variola maligna. From the time of their admission into hospital both had bloody diarrhœa, nausea, and refused every thing, even their favorite beverage, whiskey.

In the forty-three cases treated at the small-pox ward of this hospital, the infusion of sarracenia was given in nearly every case, and what I have seen of the efficacy of the remedy, of which I have given you a truthful statement, I am convinced that the sarracenia purpurea is a most useful remedy in the treatment of variola.

Editorial Department.

Periscope.

Remarkable Arrest of Cancerous Disease by Operation.

At a late meeting of the New York Pathological Society, Dr. Conant referred to a remarkable instance of arrest of cancerous disease by operation, which had occurred twenty years ago, in the practice of Dr. Mussey. The disease first made its appearance in the thumb, and that member was amputated; recurring in the stump the hand was amputated; and continuing to return, the fore-arm, arm and shoulder were successively removed; and last of all it was found necessary by Dr. Crosby, who then had charge of the case, to remove the scapula and clavicle. The disease never returned after this last operation, and the subject of this series of operations is now perfectly well.—*Boston Med. and Surg. Journal.*

Ovariotomy—A Complicated Case.

The London correspondent of the *Dublin Medical Press* says:

"I was present last week at an operation at King's College Hospital, which is of great interest to the ovariotomists, and which is exciting some interest, where an ovarian tumor was removed by Mr. Henry Smith, and where the most formidable difficulties were not only met with, but overcome. The tumor, which was of several years growth, and was of a semi-solid nature, was found, when the abdomen was opened, to be firmly adherent on all sides. Almost the entire of its anterior surface was firmly attached both to the omentum and the abdominal wall, and when these adhesions were torn away, and the tumor was exposed, it was found that it was still very firmly attached, both posteriorly and laterally, to the intestines and mesentery; consequently, the greatest care was necessary in separating them, so as to avoid wounding the intestines. This was effected, however, and the entire mass was removed after a prolonged and most difficult series of manœuvres, and perhaps no case has yet occurred where so many difficulties were met with and overcome, as existed in Mr. Smith's patient. It was supposed by most persons who witnessed the operation, that the patient could not survive many hours, but it appears she has rallied from the shock, and the last tidings I heard of her, on the seventh day after the operation, was that she was doing well."

A New Method of Auto-Ophthalmoscopy.

M. Giraud Teulon lately submitted to the Academy of Medicine of Paris an instrument composed of two plane mirrors, inclined one upon the other, at angles of ninety-six degrees. The objective lens of the ophthalmoscope is placed before one of the mirrors, and before the other an ordinary ophthalmoscopic mirror. The left eye is then put in contact with the left mirror and the lens, the right eye with the ophthalmoscope or the mirror of the right side. A lamp is now placed on the right, as in ordinary exploration, and the auto-examination of the right eye is then very easy. M. Giraud Teulon has used the instrument upon himself with great success.—*Dublin Med. Press.*

Treatment of Ringworm.

Dr. Alexander Lane, R. N., writing from Nova Scotia, to the *Dublin Medical Press* gives the following as his method of treating ringworm:

For the cure of ringworm, I take two drachms of pure iodine, and rub down with it in one ounce and a half of spirits of wine as much of the pure hydriodate of potash as will dissolve it. I paint the parts affected with this by means of a camel-hair pencil every two hours until the parts become quite black, extending the application one-quarter of an inch over the edge of the parts affected, and at each application you will have to rub it over half a dozen times or more. This takes off the skin in large flakes, as the case may be. I continue the application until I have a perfectly new skin formed. I have never known it fail when properly used and proper attention paid. The parts should be excluded from the atmosphere by means of adhesive plaster.

Permanganate of Potash as a Disinfectant.

Dr. Ploss speaks in the highest terms of the disinfecting power of this substance. It effectually removes all smell from the most stinking suppurating sores and discharges. Most remarkable results of this kind have followed its injection, repeated several times a day, in cases of cancer of the uterus—half a drachm to eight ounces of distilled water being a good proportion. In the case of open wounds and ulcers, all the dressings covering them should be moistened with the solution. No means succeeds more rapidly than this in removing the disagreeable smell of the hands after the performance of autopsies, for which purpose a stronger solution (℥ ss ad ℥ j.) may be employed. It is far superior to chlorine in its effects, which are not, as is the case with that substance, fugitive. For this reason it is a superior prophylactic, applied to the hands of accoucheurs, to chlorine in puerperal fever. In ozœna it is strongly to be recommended, the solution (℈ ss ad ℥ viii.) being introduced into the nares by means of a caoutchouc syphon. In bad smells of the mouth, resulting from carious teeth, it is an admirable means, a little cotton wool being moistened in a weak solution. Finally, the permanganate is to be recommended as a wash for stinking feet. This remedy deeply stains linen it comes in contact with, but the spots may be removed by means of the sulphate of iron.—*Am. Druggist' Circular* from *Varges' Zeitschrift*, N. S., vol. i., p. 187.

We observe that Surgeon-General Hammond has added the Permanganate of Potash to the Medical Supply Table of the U. S. Army, and recommends its use in a special order as a disinfectant and deodorizer.

Garibaldi's Wound.

Dr. Occhipinti states that the wound in Garibaldi's foot is completely cicatrised; and that the General now takes horse-exercise. He expects that in two months, Garibaldi will be able to get about without crutches.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SEPTEMBER 5, 1863.

THE NEW PHARMACOPŒIA.*

There are certainly hundreds, probably thousands of physicians in this country who have never seen the Pharmacopœia, some probably do not even know what the term means; so we may be pardoned for occupying some space with a sketch, partly historical, partly descriptive, and partly critical of this truly national work, especially of the new edition just issued.

One of the first necessities of men in any professional or other associated labor, is to provide for established and recognized standards of practice. Especially in the progress of medicine was this want early felt. The introduction of remedies frequently of empyrical origin, the constituents of which were carefully concealed; the prevalence of crude methods of medication not sanctioned by reason or experience, and the ignorance of materia medica so generally prevalent even among those making pretensions to medical skill, early called for the publication of some authoritative exposition of the remedies constituting the arcana of the profession.

From this want originated Pharmacopœias, first issued by colleges and learned bodies, couched in the language of science, and designed for the select few who, in early days, were distinctively denominated the learned. These, in their occasional revision exhibit one important phase of the gradual advancement of medicine, from a crude and empyrical art to its present advanced condition as a humane and liberal science.

The Pharmacopœias of Europe, and especially those of the three colleges of London, Edinburgh, and Dublin, were in use in the United States until the year 1820, when an effort, originating in the New York State Medical Society, and combining the several medical organizations, culminated in the first edition of the United States Pharmacopœia. This work has been subjected to revision every ten years since its original issue; Pharmacopœial Conventions having been held successively in Washington in 1830, 1840, 1850 and 1860, at each of which the general features of the work were submitted to discussion, and the revision and publication intrusted to a committee. The late committee, under the chairmanship of Dr. Franklin Bache, of this city, has, like its predecessors, held its meetings in Philadelphia, and here issued the work.

The general features of former Pharmacopœias will not be so interesting to the reader as those of the edition just issued, and we therefore proceed to give an idea of the arrangement and structure of the work as at present constituted. The primary division is into the *list* of materia medica and *preparations*. In the list are enumerated the leading drugs used in medicine, of mineral, vegetable and animal origin. The object of this is to give the correct name of each of these, a matter of very great importance in view of the numerous and indefinite synonyms used in common language; also, to define the properties by which they may be severally identified, and the sources, botanical, etc., from which they are derived. The list does not include all the crude medicines in use, but such of them as the authors of the work consider as of such permanent reputation as to justify their being made *officinal*—this term having a technical application to medicines authorized by the Pharmacopœia. There are two lists, primary and secondary, the latter designed to include some drugs, chiefly indigenous to our own country, which are, as it were, on trial and liable to be promoted into a full officinal position in the course of future revisions. It is also a convenient place to drop some "obsolescent" remedies, such as cowhage, pellitory, simaruba bark, and tormentil, which, having fallen into disuse, are still worthy to be kept in respectful remembrance. Among the medicines now for the first time found in the primary list, are arnica flowers, which we doubt not are now as extensively employed in the form of tincture as any other external remedy; chiretta, a popular tonic, resembling quassia, in therapeutical applications; ignatia, the poisonous seed of strychnos St. Ignatia, from which is prepared the extract so much employed as a powerful tonic

* This article was written by Mr. Edward Parrish, a distinguished pharmaceutist of this city, and it seemed to possess so much interest and importance that we insert it as an editorial.

in dyspeptic affections; matico, the styptic; mastiche, a choice aromatic resin; vanilla, the popular flavoring agent; leptandra, a favorite indigenous alterative; pepo, the brief name given to pumpkin seed, and other less important vegetable remedies. Among the mineral substances introduced, we notice phosphorus and phosphoric acid; carbonate of lithia, the new antilithic, and chromic acid, which possesses the properties of a caustic without the danger of spreading on to the adjacent parts. Numerous other drugs are introduced into the list on account of their uses in making the *preparations*.

To this class the present revision has added the following new remedies:

Acetum Lobeliæ.
Acetum Sanguinariæ.
Acidum Hydriodicum Dilutum.
Acidum Nitromuriaticum Dilutum.
Acidum Phosphoricum Dilutum.
Acidum Sulphurosum.
Acidum Valerianicum.
Æther Fortior.
Aloe Purificata.
Aluminæ Sulphas,
Ammoniæ Valerianas.
Antimonii Oxidum.
Antimonii Oxysulphuretum.
Aqua Aurantii Florum.
Aqua Chlorinii.
Aqua Creasoti.
Atropia.
Atropiæ Sulphas.
Bismuthi Subcarbonas.
Cadmii Sulphas.
Calcis Phosphas Præcipitata.
Ceratum Extracti Cantharidis.
Cinchoniæ Sulphas.
Collodium cum Cantharide.
Emplastrum Antimonii.
Emplastrum Arnicæ.
Emplastrum Picis Canadensis.
Extractum Arnicæ Alcoholicum.
Extractum Buchu Fluidum.
Extractum Cannabis Purificatum.
Extractum Cimicifugæ Fluidum.
Extractum Cinchonæ Fluidum.
Extractum Colchici Radicis Fluidum.
Extractum Colchici Seminis Fluidum.
Extractum Colocynthidis Alcoholicum.
Extractum Conii Fluidum.
Extractum Digitalis Alcoholicum.
Extractum Dulcamaræ Fluidum.
Extractum Ergotæ Fluidum.
Extractum Gentianæ Fluidum.
Extractum Hyoscyami Fluidum.
Extractum Ignatiæ Alcoholicum.
Extractum Ipecacuanhæ Fluidum.
Extractum Lupulinæ Fluidum.
Extractum Pruni Virginianæ Fluidum.
Extractum Sarsaparillæ Fluidum (*simple fluid extr't*).
Extractum Senegæ Alcoholicum.
Extractum Serpentariæ Fluidum.
Extractum Spigeliæ Fluidum.
Extractum Stramonii Alcoholicum.
Extractum Taraxaci Fluidum.
Extractum Uvæ Ursi Fluidum.
Extractum Valerianæ Alcoholicum.
Extractum Veratri Viridis Fluidum.
Extractum Zingiberis Fluidum.
Ferri Chloridum.
Ferri et Ammoniæ Citras.
Ferri et Ammoniæ Sulphas.
Ferri et Ammoniæ Tartras.
Ferri et Quiniæ Citras.
Ferri Lactas.
Ferri Pyrophosphas.
Ferri Sulphas Exsiccata.
Infusum Juniperi.
Infusum Pareiræ.
Infusum Picis Liquidæ.
Infusum Salviæ.
Linimentum Chloroformi.
Liquor Ferri Citratis.
Liquor Ferri Subsulphatis.
Liquor Ferri Tersulphatis.
Liquor Gutta-perchæ.
Liquor Hydrargyri Nitratis.
Liquor Sodæ.
Mel Sodæ Boratis.
Mistura Chloroformi.
Oleoresina Capsici.
Oleoresina Lupulinæ.
Oleoresina Zingiberis.
Oleum Erigerontis Canadensis.
Pilulæ Aloës et Mastiches.
Pilulæ Antimonii Compositæ.
Pulveres Effervescentes.
Pulveres Effervescentes Aperientes.
Pulvis Rhei Compositus.
Quiniæ Valerianas.
Resina Jalapæ.
Resina Podophylli.
Resina Scammonii.
Santoninum.
Sodæ Valerianas.
Spiritus Anisi.
Spiritus Chloroformi.
Spiritus Cinnamomi.
Spiritus Limonis.
Strychniæ Sulphas.
Syrupus Aurantii Florum.
Syrupus Lactucarii.
Syrupus Rosæ Gallicæ.
Syrupus Rubi.
Tinctura Arnicæ.
Tinctura Cannabis.
Tinctura Opii Deodorata.
Tinctura Veratri Viridis.
Trochisci Cubebæ.
Trochisci Ferri Subcarbonatis
Trochisci Zingiberis.
Unguentum Acidi Tannaci.
Unguentum Benzoini.
Unguentum Veratriæ.
Zinci Valerianas.

We insert this list because it shows to those familiar with the previous editions of the national standard, the progress made during the past ten years, which has induced the highly conservative Committee of Revision and Publication to add so large a number of valuable preparations to those previously officinal, (a few old preparations are dismissed from this edition,) and because it serves to show the drift of modern pharmacy toward more scientific and, in a general way, more concentrated medicines. Our space will not allow of extended comments upon these formulæ. We congratulate the profession upon the introduction of twenty-one fluid extracts, though we feel tempted to demur at the selection of conium, hyosciamus, and veratrum viride, for this form of preparation. Of the two first we have tinctures of appropriate strength given in doses of thirty or forty drops, while of the last the tincture is so strong as to require a dose seldom exceeding ten drops. These fluid extracts will, it appears to us, be too strong to be convenient, and we see no reason for adopting them which would not apply to other remedies of the same class. The peculiar adaptations of the form of fluid extracts are to remedies, the doses of which are comparatively large, such as cinchona, gentian, serpentaria, valerian, uva ursi, buchu, senna, ergot, taraxacum and dulcamara; and the fluid extracts of these and similar drugs greatly aid the physician in prescribing. Fluid extract of rhubarb, of ipecacuanha, and of spigelia come in play in the preparation of the weaker officinal preparations of the same drugs, though the plan of purchasing fluid extracts exclusively, as pursued

by some physicians, and from these preparing all the corresponding infusions, syrups, tinctures, etc., is far from realizing the most perfect results. The great utility and convenience of fluid extracts consists in the dose being in each case a measured equivalent of the weighed dose of the drug; so that a drug of which the dose is a drachm would be given in the form of fluid extract in a fluid drachm or teaspoonful dose, the dose of the drug being ten grains, that of the fluid extract will be ten minims, or drops.

Among the additions the reader will notice no less than eleven new preparations of iron. Of these none has more interest or value than *liquor ferri subsulphatis*, Monsell's solution. The physician should not fail to adhere to this officinal name, by which it is distinguished from solution of *ter*sulphate, made officinal for the extemporaneous preparation of the hydrated oxide, the antidote for arsenic. Iron by hydrogen, formerly called *ferri pulvis*, is now to be designated as *ferrum redactum*. We notice with pleasure that *ferri pyrophosphas* is made officinal, this is the most tasteless of the soluble iron salts, the least disposed to blacken by contact with astringents, and withal the least liable to disagree with delicate and sensitive stomachs.

It will be unexpected to many to notice that *tinctura veratri veridis* is now for the first time found in the Pharmacopœia, it is a strong preparation, designed to be given in a dose of from five to ten grains. *Tinctura opii deodorata* is designed to supersede the various elixirs of opium in use; it should receive a fair trial on all hands. *Tinctura cannabis* (Indica) and the *extractum cannabis purificata* will be prized by physicians; the latter we regard as an experiment in improving the quality of this valuable "exhilerant." It must not be forgotten that syrup of ipecacuanha is doubled in strength in the new edition, and lead water is improved by directing *three* drachms of the strong solution instead of two as formerly to the pint of water. Of the changes in *nomenclature*, which should be carefully studied by every physician and pharmaceutist, perhaps the most important is the naming of Dover's powder *pulvis ipecacuanhæ compositus* instead of pulv. ipecac. et opii, as formerly.

Another notable modification of nomenclature is in the case of neutral mixture, which as made with lemon juice, is called *mistura potassæ citratis*, though as made by the formula with citric acid and bicarbonate of potassa, it is named *liquor potassæ citratis;* it is a serious objection to such modifications that they are quite overlooked by most physicians and hence lead to confusion in the compounding of prescriptions.

This article has already been too far extended to give the few new extemporaneous formulæ which the Committee have vouchsafed us. The *pilulæ aloes et mastiche*, as they do not contain ipecacuanha do not substitute Chapman's dinner pills, but more nearly represent Lady Webster pills. *Plulæ antimonii compositæ* are Plummer's pills, a famous remedy of long standing in England. *Spiritus chloroformi* substitutes the "chloric ether," so much resorted to in the composition of anodyne mixtures. *Mistura chloroformi* contains chloroform and camphor combined into an aqeous mixture by the aid of yolk of egg, it will doubtless serve a good purpose.

On the whole, this Pharmacopœia is a great improvement on its predecessors, and worthy to occupy a place in every physician's library, or rather upon his office table.

The Committee have held one hundred and nineteen meetings during the consideration of its details, and of course all its processes have been subjected to repeated experimental tests. That it should be faultless could not be expected, but we think that both the professions, ably represented in the Committee, have cause to thank them for their zeal and industry, and to adopt their conclusions unreservedly.

THE SURGEON-GENERAL'S OFFICE.

Some significant changes have taken place in the Surgeon-General's office during the past week. In the first place an announcement was made to the effect that Surgeon-General Hammond had been ordered to proceed immediately to inspect the sanitary condition of the armies and army hospitals in the Southern and Southwestern Military Departments, viz.: at Charleston, Hilton-Head, Key-West, Ship Island, New Orleans, etc. Assistant Surgeon-General Joseph R. Smith was

announced as Acting Surgeon-General in the mean time. In a few days, however, another order sends Assistant Surgeon-General Smith to St. Louis, and the recently appointed Medical Inspector-General Joseph K. Barnes, U. S. A., has been assigned to the performance of the duties of Surgeon-General. What disposition, if any, has been made of Assistant Surgeon-General R. C. Wood, of the Western Department, head quarters at St. Louis, has not as yet transpired, though we shall not be surprised to hear of his appointment to a more prominent position than the one he has so ably filled at St. Louis.

The Surgeon-General's office seems to have been taking calomel and tartar emetic in *alterative* doses!

Correspondence.

DOMESTIC.

COMPARISON OF THE DEATHS BY CANCER IN THE CITIES OF LONDON AND NEW YORK FOR ELEVEN YEARS.

Cancers, from their incurable character, always demand attention. Few, if indeed any, educated physicians at this day entertain the idea that they can cure this disease, when once fully developed. There are tumors resembling cancers, and partaking, in a limited degree, of their nature. These are often cured, and this gives men of limited knowledge the idea that they can cure this terrible malady; hence the publicity some persons obtain when they cure the semi-malignant diseases, and, for a time, arrest the progress of genuine cancer.

The cause has, as yet, eluded the skill of man. We often attribute it to certain tangible influences, as, for instance, when it is located in the mammæ, and the patient dates the origin of the disease from the receipt of a blow, or some other injury to the breast. Again, when it attacks an old smoker upon the precise spot on which the stem of the pipe rests. There may be some justice in regarding these as the exciting causes, but how many millions of persons are exposed to the same, with no such results. The fact, however, that cancers of the breast are sometimes cured when they seem to be the result, in part, of an injury, favors the idea that the blow did produce them, and that they are of a less malignant character than when developed by entirely unknown causes.

The annexed table shows the total deaths by this cause in New York, London, and England, in each year from 1851 to 1863.

YEAR....	1852	1853	1854	1855	1856	1857	1858	1859	1860	1861	1862
New York	91	77	107	147	154	187	189	198	180	173	169
London.....	936	1033	1021	1055	1074	1152	1142	1161	1191	1304	1321
England	5477	5663	5826	6016	5859	6201	6433	6676	6827	7402	7540

The annual average for ten years, in New York, is 150. The annual average for ten years, in London, is 1,112. The proportion is $7\frac{1}{2}$ in London to 1 in New York.

When it is remembered that London contains about three times the population of New York, the excess of deaths by this disease in the former is more apparent.

Sept., 1863. Cyrus Ramsay, M. D.
Register Rec'ds and Stat'cs, New York City.

THE NUTRITION OF THE EXTERNAL TABLE OF THE SKULL.

Editor Med. and Surg. Reporter:—The following described accident has, it seems to me, such conclusive bearing on a rather mooted question, viz., the source of nutrition to the external table of the skull, that I am induced to write it out for the Reporter, under the impression that its perusal will prove neither uninteresting or useless.

Master B., a lad some seven years of age, was knocked down and kicked by a horse, the blow taking effect upon the frontal region, tearing up the scalp a distance of four inches, the periosteum being raised with its neighboring layers as cleanly as though it had been done by the hand of the surgeon. Called immediately after the accident, I dressed the wound in the usual manner, approximating the parts and retaining by carefully applied waxed silk sutures, with cold water dressings.

On the seventh day, the sutures, of which there were five, being no longer of service, were removed, union by first intention having been nicely secured.

Two days after this, the boy, being at play in the yard, fell from the top of the fence, striking the imperfectly consolidated wound, disuniting it some two inches. Being recalled to the case, stitches were applied as before. The next day, being in the cellar, the little patient stumbled over a stick of wood, again injuring the parts. The injury from this last accident was so severe as to cause a slough, exposing a portion of the frontal bone quite the size of a dime piece. The angry appearance of surrounding parts contra-indicating further active treatment for the present, mild applications were resorted to, and the parts allowed to heal. This was effected with the exposure of the dime-sized portion of os frontis.

Five weeks of perfect rest was now allowed, the cicatricial tissue becoming very firm and healthy looking, the exposed surface of bone presenting the appearance as if a thin film of blood had dried over it. At the end of this period I loosened up the cicatrix, pared the edges, and by careful manipulation brought the parts together, thus covering the exposed bone, confining them in position with the hare-lip pins and figure of eight suture. The third day these pins sloughed out, and the parts fell back to their original position. The patient was now put upon a

highly stimulating diet, combined with a tonic of iron and quinia.

Strapping with the ordinary adhesive strips was now resorted to, but the weather being very hot and the patient perspiring freely, these had not sufficient tenacity to resist the action of the occipito-frontalis muscle. The next step was to shave the head to the vertex. Two strips of the India-rubber plaster were prepared, the one stretching below the wound across the forehead, the other above across the vertex; some half dozen or more strips of the most adhesive isinglass plaster stayed these transverse strips from a vertical direction. After these had thoroughly dried, stitches were passed from the strip below to the strip above, and by carefully made traction the parts were gotten together. Examination each day showing that the wound tended to gap a little, fresh stitches were daily reapplied, the parts thus being held together. Powerful local stimulation was kept constantly applied to the parts; thus a union was finally secured and the long exposed bone covered.

To-day, September 1st, three months after the accident, I have carefully re-examined the parts; everything presents the most healthy appearance. I am convinced that the bone beneath the cicatrix is as healthy as that of any other part.

Query.—Does not this case prove that the external plate is not dependent exclusively upon its periosteum for its nutrition?

J. E. Garretson, M. D.

Philadelphia, Sept. 1, 1863.

FORETHOUGHT OF A MEDICAL OFFICER.

The following we copy from the correspondence of the *Boston Med. and Surg. Journal.*

"Cumberland, Md., *June* 22, 1863.

* * * "This city was abandoned to the enemy by the entire withdrawal of all Government troops, on Monday, 15th inst. I had about four hundred patients in the hospital at the time, but on the following day I succeeded in removing all but eight, who were too sick to be taken from their beds. Most of them hid in the neighboring mountains, where they were perfectly safe from capture or parole, and their wants could be sufficiently attended to. The following morning (17th) the rebels appeared on the hill just back of my office, and threw a few shell into the town. Not meeting with any response, they came in with a flag of truce, and soon after our streets were filled with grey-backs. Their force was not large, and they appeared to be greatly in fear of an attack while here, and hurriedly took themselves off after a few hours' occupation. They commenced writing paroles of the eight sick soldiers in hospital, but in their alarm they fled before the writings were finished, so that, so far as I can learn, I have not had a man captured or paroled.

"They visited my store-house and dispensary, but could find nothing worth taking; I had secreted my stock of quinine, morphine, *calomel* and *tartar emetic*.

"The case of exsection you refer to is doing well, and I shall be happy to report at a future time. The rebel surgeons got hold of the patient, who was in the streets in citizen's dress at the time. They examined his arm, and questioned him closely as to the nature of the injury, but the fellow concocted a story that wholly misled them.

"No property, public or private, was destroyed in the city by the enemy while here.

"Very truly, yours,

"J. B. Lewis, *Surgeon U. S. V.*

Army and Navy News.

Changes in the Medical Department.

Acting Surgeon-General Joseph R. Smith has been relieved, and ordered to St. Louis. Medical Inspector-General Barnes has been appointed to fill the vacancy.

The following Assistant Surgeons have been recently appointed Surgeons in the Volunteer corps: Wm. Watson, Richard Lloyd, W. Grimsted, J. H. Currey, and Nathan P. Rice.

Assistant Surgeon F. Floyd has been ordered to the Department of Tennessee.

Assistant Surgeon B. D. Wilson, U. S. V., has been ordered to the Department of the Gulf.

Assistant Surgeon G. S. Courtwright, U. S. V., has been ordered to the Department of Ohio.

Assistant Surgeon J. K. Rodgers has been ordered to the Department of the South.

Medical Officers Ordered to Charleston.

In view of the active operations in the Department of the South, the following medical officers have been ordered to repair without delay to Charleston: Assistant Surgeon Marsh, U. S. A.; Assistant Surgeon Hilley, U. S. A.; Assistant Surgeon Morrison, U. S. A.; Assistant Surgeon Wyncook, U. S. A.

Promoted.

Lieut. J. P. Sanger, First United States Artillery, has been made Acting Assistant Inspector-General under Gen. Gillmore.

Resigned.

Dr. G. W. Varnum, U. S. V., has tendered his resignation, which has been accepted.

Surgeon Relieved.

Dr. Clymer, surgeon in charge of the officers who are sick in the city, was relieved by Dr. Dewitt a few days since. Dr. Dewitt's office is at the corner of Nineteenth street and Pennsylvania avenue. Dr. Clymer is ordered to duty at Hilton Head, South Carolina.

News and Miscellany.

Sudden Death under Peculiar Circumstances.

On the night of the 28th ult., the wife of Dr. J. M. Gemmill, of Altoona, Pa., died under the following singular circumstances. She had retired at eleven o'clock, in her usual health and in fine spirits. About twelve o'clock a brass band came to serenade the doctor, and about the same time he was called away to see a patient. After the doctor left, Mrs. G. arose and called her neice to hear the music, and then sat

down at the window. When the band had finished playing, Mrs. G. left her seat at the window, and threw herself upon the bed, observing that she was suffering severely, and in a short time expired. The doctor pronounced her disease apoplexy.

Weekly Report of the Army Hospitals.

The reports of the army hospitals for the week ending Saturday, 5th instant, are as follow:

HOSPITALS.	Return'd to duty.	Discharged.	Died.	Remaining.
Chester	7	2	6	1084
South and Twenty-fourth Streets	..	2	..	270
Summit House	2	3	1	460
Fort Mifflin	..	7	...	27
Sixty-fifth and Vine Streets	2	1	..	147
Broad and Prime Streets	..	..	..	62
Broad and Cherry Streets	3	1	2	634
Saterlee	6	12	2	2713
Germantown	66	..	..	519
Christian Street	8	3	..	236
Officers'	13	..	..	41
Islington Lane	..	..	..	5
Harrisburg, Pa	4	..	..	62
York, Pa	62	..	2	923
Chestnut Street, Harrisburg	1	1	..	70
Cotton Factory, Harrisburg	3	2	..	106
Convalescent	..	1	..	321
Turner's Lane	1	..	..	240
Nicetown	37	7	..	730
Chestnut Hill	12	4	1	1760

The hospitals east of the Susquehanna river now report at the office of the Medical Director, in this city.

The Sanitary Commission.

On Tuesday, September 1st, Dr. J. A. Douglass, Associate Secretary of the Sanitary Commission, sailed for Charleston harbor from New York, on a tour of observation and inspection. The Sanitary Commission at Morris Island is also represented by Dr. N. M. Marsh, who has labored faithfully and industriously in providing for the wants of the sick and wounded soldiers there.

The Sanitary Commission are still supplying the wounded at Gettysburg with delicacies. The patients are reported to be improving slowly. The good work is in charge of Rev. Gordon Winslow, Chaplain of Duryea's Zouaves (Fifth New York Regiment), who is unremitting in his attentions to the sufferers under his care. It is expected the hospitals at this place will be continued for two or three months longer, owing to many of the more severely wounded cases not being in a condition to be removed.

Petroleum and Health.

A memorial was lately sent to the Liverpool Health Committee, signed by several hundred citizens, and complaining of the storage of petroleum in their neighborhood as "a nuisance and prejudicial to health." The question was referred to Dr. French, the medical officer of the Board of Health; and, after a very thorough personal examination of the case, he reported that, while he had no hesitation in pronouncing the oil a nuisance on account of its strong offensive smell, his investigation satisfied him that petroleum was not prejudicial to health. In order to make a full investigation, he visited one hundred and fifty-three houses in the vicinity of the oil stores, and found no cases of sickness arising from the petroleum. His report says:

"The medical officer of health particularly observed the condition of the children and young people—first, as being more sensitive to the effects of noxious vapors; second, as being less likely to be sufferers from either intemperance, or those anxieties of life which give to the countenance the aspect of disease. He never remembers to have seen in any district of the town, so many healthy, ruddy-faced children, or more healthy-looking young people."

An Extraordinary Piece of Charcoal.

Dr. Rowell, of this city, has shown us a piece of charcoal which he uses to lay gold on to be annealed under the blow-pipe, and which he says he has had for thirty years, and that it has been on fire at least as often as once a day during the whole of that period. It is burned into the form of a shallow trough, but the cavity is not more than an inch in depth; showing that not more than one-thousandth part of an inch has been burned away at each ignition. It is probable that the gases so completely envelope the heated surface that, though this is red hot, no actual burning generally takes place. Dr. Rowell says that he finds great difference in different pieces of charcoal—some burning out very quickly, and he never had any other piece last nearly as long as this. This piece is of pine.—*Scientific American.*

Cruelty to Animals.

Vivisections by the physiologists in France have of late frequently been made the subject of complaint on account of the cruelty exercised toward animals in their performance. We have no doubt that this method of advancing our knowledge of physiology has been greatly abused abroad, and hope that it will never in this country, as there, be carried to such an extent as to require interference at the hands of the civil authorities. The following, from the *British Medical Journal*, is a sad exemplification of the truth of the remark of a distinguished physiological lecturer to his class:—"Vous savez, méssieurs, que les chiens ne s'amuses pas ici!"

The busy bee, *L'Abeille Médicale*, tells us that the office of its editor is situated close to the Ecole Pratique at Paris. "The place is very quiet, and in winter a death-like silence reigns there. But in summer, when the course of physiology is going on at the *école*, the scene changes. The different rooms, which no longer contain *subjects*, are now filled with living dogs, which are shut up, probably without bread or water, ready for serving their turn at the lecture-room. At all events, whether through starvation or through instinctive dread of the place, the poor brutes bark and howl night and day, so as to disturb all the neighborhood. We thereupon took the liberty of complaining to the police, and especially because all this howling was close to the ears of the women in the Maternity Hospital. The police were reasonable, and visited the school; and soon returned to inform us that there would be no more barking. 'You will hear no more of it,' the commissary said. 'What! are the dogs no longer to be kept in the dissecting-rooms?' 'Oh, yes! but it appears that they have cut something about the dogs' necks, which stops their crying.' We understand the poor brutes have been subjected to two painful operations (section of the laryngeal nerves) before other tortures are inflicted on them. And this is all they have taken through our interference! If we had known it, we would have quitted the place, instead of becoming the cause of this refinement of cruelty!"

The Air-Bladder of Fishes.

The use of the air-bladder of fishes still puzzles the *savant*. M. Moreau has just informed his Academy that, according to his experiments, it must be considered as an oxygen reservoir, filled for the sustenance of the life of the fish. Perch, when put in a situation in which they were unable to renew the oxygen of the air-bladder, were asphyxiated. The quantity of oxygen in that air-bladder diminished proportionably with the duration of the experiment; and when it arrived at zero, the fish died.

Surgery and Silver.

In a recent issue of the *South Carolinian* we find the following advertisement: *Silver Plate Wanted.*—To be converted into caustic for the use of the sick of the army. $8 per ounce will be paid for all prime plate. Old spoons and old plate will answer the purposes of the medical department as well as new. Apply at Medical Purveyor's office, opposite Congaree House.

J. J. Chisolm,
Surg. and Med. Pur., C. S. A.

ANSWERS TO CORRESPONDENTS.

☞ *Correspondents will please notice our reiterated request to give their full address in their communications to us. Our correspondence is very extensive, and it is necessary for us always to know the Town, County and* State *from whence their letters are sent.*

Dr. J. P., Md.—The Dispensatory is a *commentary on the Pharmacopœia.* The latter merely gives the official names of such medicinal substances and preparations as are recognized by the proper authority in this country, with the mode of preparing the latter, and a brief account, in some instances, of their physical properties. The Dispensatory includes nearly or quite all the matter of the Pharmacopœia.

There is no present prospect of a new edition of the Dispensatory being published, though one is much needed.

OBITUARY.

Death of Dr. J. Moore Neligan.—The medical profession in Ireland has sustained a blow not easily remediable in the unexpected death of Dr. Neligan, at his residence, Clonmel House, near Blackrock. Although Dr. Neligan has been suffering for some time from affection of the kidney, and had found it necessary in consequence to exchange a residence in town for the country, still no apprehension of immediate danger was entertained till a few days before his death, and he had been enabled within a week to fulfil his professional duties. On Thursday last he was so much worse that little hopes were entertained of his recovery, and on Friday evening, July 21st, he expired from, as we understand, uræmic poisoning, the result of the chronic malady of which he was the subject. Dr. Neligan's name will be best remembered by our readers in connexion with the *Dublin Quarterly Journal*, of which he was for many years the Editor, and the character of which was never higher than when conducted by him. To the public he was known as the author of works on "Medicines," and on "Skin Diseases," and as the Editor of "Grave's Clinical Medicine"—labors sufficient of themselves to perpetuate his name as an assiduous and energetic physician. His connection with the King and Queen's College of Physicians, for the Presidency of which he was a candidate last year, was long "in years and honors," and his loss will be deeply felt by the many whose friendship his professional and private worth had secured to him.—*Dublin Med. Press, July 29.*

MARRIED.

Washburn—Russ.—On Tuesday, Sept. 1, at the residence of the bride's mother, by Rev. Charles C Wallace, Dr. S. D. Washburn, House Physician to Seamen's Retreat, Staten Island, and Elizabeth Crowell Russ, of Perth Amboy, N. J.

DIED.

Lynes.—In Norwalk, Conn., on Thursday, Aug. 27, Susan St. John, infant daughter of Dr. Samuel and Emily A. Lynes, aged 7 months.

Rohrer.—On the 29th ult., after a short but severe illness, Dr. John S. Rohrer, of this city.

METEOROLOGY.

August.	24,	25,	26,	27,	28,	29,	30.
Wind.....	S.	S. W. Rain.	N. E.	E.	E.	S. E.	S. .E
Weather....	Clear.	Th'dr. Li'ng	Clear.	Cl'dy.	Cl'dy.	Clear. Sh'wr	Clear.
Depth Rain...		7-10			1-10	4-10	
Thermometer.							
Minimum.....	71°	71°	58°	51°	56°	58°	48°
At 8 A. M.....	82	80	65	60	62	70	58
At 12 M.....	86	85	70	70	70	72	65
At 3 P. M.....	87	88	72	71	71	78	64
Mean.....	81.5	81	66.2	63	64.7	69.5	58.7
Barometer.							
At 12 M.....	30.1	30.1	30	30.2	30	29.9	30.3

Germantown, Pa. B. J. Leedom.

VITAL STATISTICS.	Philadelphia. Week ending Aug. 29.	New York. Week ending Aug. 31.	Baltimore. Week ending Aug. 31.	Boston. Week ending Aug. 29.	Providence. Month of July.
Popl'n, (estimated.)	580,000	950,000	240,000	180,000	52,000
Mortality.					
Male	183	310	65	68	43
Female	187	313	60	66	46
Adults	127	238	36	48	48
Under 15 years	237	377	85	79	35
Under 2 years	192	308	64	76*	21
Total	370	623	125	134	89
Deaths in 100,000	63.79	65.58	52.08	7444	171.15
American	304	422	...	104	41
Foreign	52	201	...	30	48
Negro	12	11	16	4	6
Zymotic Diseases.					
Cholera, Asiatic	...	...	...	...	...
Cholera Infantum	73	136	31	35	12
Cholera Morbus	1	2	1	3	...
Croup	6	5	3	3	...
Diarrhœa	8	37	...	9	3
Diphtheria	7	10	...	...	2
Dysentery	7	16	1	6	6
Erysipelas	...	...	...	...	...
Fever, Intermittent	1	1	...	...	...
Fever, Remittent	...	1	...	...	...
Fever, Scarlet	2	7	2	2	...
Fever, Typhoid	6	10	3	1	2
Fever, Typhus	2	8	...	1	...
Fever, Yellow	...	...	...	2	...
Hooping-cough	3	4	4	...	...
Measles	1	2	...	...	...
Small Pox	1	...	5	...	...
Syphilis	3	1	...	1	...
Thrush	...	...	1	...	1
Sporadic Diseases					
Albuminuria	...	12	...	...	...
Apoplexy	1	5	1	1	...
Consumption	31	69	15	21	18
Convulsions	23	36	...	1	3
Dropsy	11	21	2	6	2
Gun-shot Wounds	3	1	...	...	...
Intemperance	5	4	...	...	4
Marasmus	19	52	...	2	...
Pleurisy	...	4	...	1	...
Pneumonia	4	19	...	2	1
Puerperal Fever	1	...	...	...	1
Scrofula	2	...	1	...	...
Sun Stroke	2	4	1	...	...
Violence and Acc'ts	6	24	1	5	1

* Under 5 years.

TO CORRESPONDENTS.

For the information of those who are not authors, we will state that manuscript intended for publication must be written on but one side of the sheet. If greater care was taken in the preparation of copy, much trouble would be saved to printers, and mistakes would rarely or never be made.

BACK NUMBERS.

Subscribers desiring old back numbers (excepting Nos. 304, 305, 308, 309, and 310, which are still due, and will be sent) will please remember and send money to pay for them and for postage, as many of the numbers are growing scarce, and we have to prepay the postage, two cents a number.

THE

MEDICAL AND SURGICAL REPORTER.

No. 356.] PHILADELPHIA, SEPTEMBER 12, 1863. [Vol. X.—No. 20.

Original Department.

Communications.

DIPHTHERIA.

By P. R. Wagenseller, M. D.,

Of Selin's Grove, Pennsylvania.

(Continued from page 256.)

Sequelæ.

In those cases in which, after the disappearance of all local disease, the system is left pale, anæmic and œdematous, where there is complete relaxation of the muscular system accompanied by paralysis, most usually of the muscles of deglutition; where the features lose their expression, and every ray of intelligence seems to have deserted the countenance, with staggering gait, vomiting, etc., etc., time, tonics, and appropriate nourishment, with rest, has seemed to us to afford the best results. Particularly is it necessary for the physician to enjoin the avoidance of all sudden exertion, and advise the use of stimulants, before even the smallest effort of the muscular system. We have in our mind's-eye now three patients in whom these curious sequelæ had occurred, and in each of whom recovery was confidently expected, yet two died suddenly, and immediately after rising from bed, and while in the act of walking across the floor, and a third from the exertion of sitting up too long whilst taking his dinner.

These results, we have no doubt, may occur from sudden paralysis of the heart, but they most likely are usually the results of a fainting fit, rendered fatal by the extreme exhaustion of the system. In these cases recovery will usually follow if the patient can be kept up beyond the second week; this, however, in children under five or six years of age, is frequently difficult to do, and any relaxation in effort, either on the part of physician or friends, is generally followed by speedy death. With older cases, and adults especially, time and proper hygienic regulations will usually accomplish a cure.

Local Treatment.

There are not a few in the profession who are accustomed to rely mainly upon local remedies, whilst others, equally eminent, attach no importance to their use whatever, or even contend that they are positively and directly injurious. This disagreement among physicians arises, we believe, from the same source as does the difference of opinion in regard to the question, whether diphtheria is originally a local or a constitutional disease: some forms of it being benefitted by appropriate topical medication, whilst others do equally well, or even better, by constitutional remedies alone. We are acquainted with practitioners who would deem it a dereliction of duty to allow *any case* of throat disease to pass through their hands, without a daily swabbing with the everlasting nitrate of silver. No matter whether the disease be active inflammation, ulceration, or that asthenic condition of throat, accompanied by putridity and gangrene, nitrate of silver is the first and last remedy.

Now we have not the disposition here to discuss the merits of this widely used agent, and, while we acknowledge its superiority as a local application under certain circumstances, we must enter our solemn protest against its universal applicability in diphtheria. We formerly used it extensively in solutions of various strength, in diphtheria and scarlatina. This we were induced to do from the favorable light in which its action was viewed by many eminent authorities, but we must confess that our expectations of its beneficial effects were by no means realized in any form of the disease under consideration. On the other hand, we believe we have seen it do harm in numerous instances. We have seen cases in which the application of nitrate of silver seemed to have initiated laryngeal disease, arising, as we supposed, from its entrance into the larynx during the struggles of the child. Not so, however, with a remedy which we have latterly used exclusively in those severer forms of diphtheria, accompanied by gangrenous sloughing, foulness of the breath, and characterized by general ataxic symptoms. The application to which we refer is the same solution which we give internally, viz.: a combination of the chlorate of potash and tincture of chloride of iron, only in a more concentrated form. We use about one part of the tincture to three parts water, with as much of the potash salt as the mixture will dissolve. This is applied to the throat with a mop from two to three times in the course of the day

and it requires but a few applications to convince even the most skeptical of its beneficial effects. The manner in which it acts is as follows:—It is powerfully disinfectant and prevents the injurious results arising from swallowing the septic secretions; it promotes the separation of the sloughs, and so modifies the parts after their detachment that healthy reparative action ensues, and, by its astringent and stimulant properties, changes the color of the whole mucous membrane from the dusky and livid hue charactristic of impaired vitality, to the bright arterial hue of healthy action.

But, again, there is another local remedy to which the attention of the profession has been directed by several writers upon the subject of diphtheria, from which most marked benefit is asserted to have resulted. We refer to the chlorohydric acid. Although in the gangrenous forms of the disease, as before described, it has, in our practice, by no means answered the purpose as well as the combination of the potash and tincture of the chloride, there is one form of diphtheria in which it is the only application from which we have witnessed any good results. We allude to that form of it in which the constitutional symptoms have been so slight as to escape the attention of the relatives, and in which the first obvious symptoms are the occurrence of difficult breathing, and the characteristic ringing cough of incipient croup. In this form of diphtheria (which will occasionally attack one member of a family when all the others are suffering from the sloughing variety) an inspection of the fauces will reveal the existence of a well defined, ashy-grey membrane of much firmness, of limited extent, and confined principally to the uvula. There is some redness of the fauces, a sense of soreness, and constriction of the parts on swallowing, but no positive pain; the external swelling, if it exist at all, is slight, the pulse but little changed, and the child comparatively cheerful, with a good appetite, and in apparently no danger, until within the last few hours of its life. Under these circumstances, we believe the chlorohydric acid, diluted with twice its bulk of water, to be the most available remedy, and, certainly in our hands, has been the only one that has, in the least, arrested the extension of the exudation. In the variety of the disease just described, and if seen when the membrane is still confined to the uvula and fauces, this agent will frequently save life, by preventing the extension of the disease to the larynx. Its use hastens the detachment of the membrane, as is evidenced by its corrugation and shrinking after one or two effectual applications, when it is seen frequently to loosen its hold on the parts to which it adheres, and gradually roll up in the shape of a scroll until it drops off entire, and none is subsequently reproduced. If, however, the larynx be once fairly implicated, no matter how slight the constitutional symptoms, the prognosis will be almost certainly unfavorable.

Tracheotomy.

In view of the almost utter hopelessness of those cases of diphtheria, in which the larynx becomes involved by the exudation, the question arises, is tracheotomy justifiable under the circumstances?

The operation, in itself, we conceive is not surrounded by sufficient danger to deter us from its performance. Statistics furnish us the history o many successful cases, and why, therefore, should we hesitate in resorting to a procedure under circumstances such as all our past experience teaches us, point most unmistakably and inevitably to certain death. The fact that so large a proportion of recoveries follows tracheotomy, in cases in which its performance for the removal of foreign bodies becomes necessary, is a sufficient justification for the belief that the operation itself need not materially increase the risks of the patient. Having never operated but once, and this in a case almost if not quite moribund, we have little from our individual experience to offer on the subject. Believing it, however, the duty of practitioners to give fairly and candidly *all* their cases—their reverses as well as their successes—we place this one cheerfully on record. On Thursday, March 4th, 1863, I was called to see "Katie," daughter of H. E. Miller, Esq., of our place. The little girl was about four years of age, and had been previously very healthy. She had been complaining of sore throat, with slight fever, for several days. Upon examining the fauces I noticed the peculiar exudation upon the tonsils, uvula and adjacent parts, and, as the larynx was already invaded, I expressed to the parents my fears as to the result. She, however, improved under emetics of sulphate of copper, and, through the efforts at vomiting, seemed to have entirely relieved the larynx of the exudation. Calomel was then given, with a view to its aplastic effects, in small and frequently repeated doses. The improvement continued during the day and night of Thursday, and on Friday her chances for recovery were flattering. On Saturday morning, however, I found my patient with a return of the dyspnœa* in worse form than before, when I again immediately resorted to the emetic plan, alternating with small and frequently repeated doses

* That this case was not one of croup but diphtheria, is shown by subsequent events. A young lady, who spent much of her time at the patient's bedside, was subsequently taken with diphtheria, of severe form; she recovered and next after her, the disease, in well marked form, attacked her little niece aged about five years and lastly a younger child, nephew of the same patient, was taken, and suffered from the peculiar sequelæ common to diphtheria.

of the mercurial. Chlorate of potash was freely given, with animal broths as nourishment. The sulphate of copper now failed to excite emesis (an unfavorable sign invariably), and little remained to be done but to witness passively the train of distressing symptoms, momentarily becoming aggravated.

Sabbath morning found the patient with cold extremities, great lividity of the surface, and in a state of great stupor, evidently due to the want of arterial blood in the brain. Death, apparently, was just at hand. At the request of the father, after having fully explained to all interested the dangers and uncertainty of the operation, and expressed my fears that in her then extremely critical condition the patient might die even before its completion, I proceeded, with the assistance of Dr. Hortenstein, and Mr. B. F. Whitmer, student of medicine, to open the trachea. Owing to the great depth of the organ, arising from the shortness of the little patient's neck, together with the great amount of adipose tissue present, it was reached only after a somewhat tedious and careful dissection. The incision having been made, an amount of secretion almost incredible was forcibly expelled, and, for the space of several minutes, it seemed as if life was too far gone to enable the patient to rally from the suffocation threatened by what little still remained in the trachea. Slowly, however, she revived, and it was not long until she breathed freely through the artificial opening. Nourishment was now freely given, and in a few hours the natural color and expression of the countenance returned. The operation was completed at ten o'clock, A. M., and in a few hours thereafter the patient was progressing so finely as to encourage us with hopes of recovery. We were, however, disappointed, as during the afternoon symptoms denoting a return of the exudation were becoming manifest, and although treatment was assiduously persevered in, suffocation became more and more threatening momentarily, and at twelve o'clock Sunday night, just fourteen hours after the operation, death closed the scene. In this instance, although the operation was resorted to when the patient was evidently *in extremis*, life was prolonged considerably, and more time given to bring the system under the influence of such remedies as the indications seemed to require.

In this connection it may not be amiss to give the following letter from Dr. D. Gilbert, of your city, embodying some additional experience in this class of cases:

Philadelphia, December 10, 1861.

My Dear Doctor:—I have operated in four cases for croup and one of diphtheria, all of which died. One of the croup cases died on the third day after the operation of pneumonia. In every case the operation was postponed until the patient was approaching, if not in, articulo mortis. If it were not that I have operated in four cases for foreign bodies in the trachea, *all of which were successful*, though some of them were infants, I would be almost ready to clothe myself in sackcloth and ashes, in view of my want of success in croup, etc. The favorable result in the latter cases proves to me that the fault was not in the operation, but in the extreme condition of the patients, as a consequence of disease.

I am, however, not willing to advise against the operation in membranous croup, in sporadic cases when there is no epidemic prevalence of other malignant or blood-poison disease, such as erysipelas, scarlatina, typhoid or typhus fever. When the disease is purely inflammatory, and the patient is evidently dying from local obstruction by false membrane, and there is reason to believe that there is reactive power enough in the system, then the operation should be performed. There are successful cases on record of the operation. My son-in-law, Dr. Adler, of Davenport, Iowa, has performed it successfully twice in croup. In great haste,

Very truly, yours,

D. Gilbert.

To one of the above operations, performed by Dr. G. in the winter of 1851–52, we were witness, and had the opportunity of subsequently watching the case. The case was one of croup, almost in articulo mortis, and although death occurred some time afterward—do not recollect the precise period—most striking relief to the sufferer was afforded by the operation, and the want of success, at the time, I felt disposed to attribute more to the carelessness or ignorance of the nurse than to any other cause.

It were a cause for congratulation, if all practitioners who have operated, would give to the medical public their *whole experience* on this important subject, no matter how unsuccessful. The results would go far to establish, what it should be the design of every conscientious physician to ascertain, either the utility or non-utility of the operation.

ELECTRO THERAPEUTICS.

By H. Lassing, M. D.,

Of New York.

Galvanic Cautery.

Mrs. R., aged 29, the mother of seven children, of which the youngest is ten months of age, came to my office, and from answers elicited to questions, I gathered the following history: She has been out of health for some five years; has been married nine years; always enjoyed good health before marriage, but after the birth of her fourth

child, some five years since, found her health declining; was troubled with pain in her back and hips and a severe pain on the top of her head; some eighteen months since a vaginal discharge, which had previously been very slight, became more profuse, fœtid, and soiled her linen, which still continues, and seems to get worse. Patient has been much reduced in flesh; has a poor appetite; is much constipated; finds a sediment in her water ever since the discharge increased, some eighteen months since. Upon a vaginal examination I found, as I had supposed I would, extensive ulcerations of the cervix uteri, which, from the patient's statements, had evidently been caused by two severe instrumental deliveries. The urinal deposit consisted of lithates.

The treatment I resorted to consisted of a thorough cauterisation, by means of an improved galvanic cautery, which, by means of a spring, can be instantaneously heated to a white heat, being connected with but a single cup battery of peculiar construction, (the whole apparatus only occupying a space of less than six cubic inches.) The cauterisation was repeated six times, at intervals of one week. For the obstinate constipation of the bowels, the following pill was prescribed:

℞. Ext. colocynth., gr. xij.
Ext. jalap, podophylin, leptandria, āā gr. vij.
Ext. hyosciami, gr. iij.
Ext. gentian, gr. ij.
Ol. menthæ pp. q. s. M.

Ut fiat massa et in pilulæ No. xv. div., cujus una, horâ somnia sumtr., and a teaspoonful of the following mixture three times a day:

℞. Quinæ et ferri citras, ℥ij.
Vinum Madeiræ. ℥iv. M.

Upon examining patient yesterday, being forty-eight days from the time treatment was commenced, I found that there was no purulent discharge; urine healthy; the ulceration of the uterus has entirely disappeared, and the organ is in a perfectly normal state. Patient informs me that she feels entirely well and free from pain; that her bowels are regular, and appetite excellent.

Although this is a very interesting case, I merely give it to show the advantages of the galvanic cautery over the nitrate of silver and other escharotics. It possesses many advantages, but particularly to be mentioned, are its ease and convenience of application, the operator having only the ebony handle of the instrument in his hand, while, until he touches the spring, there is nothing cauterizing about the instrument, and therefore the operator can apply the instrument deliberately to the part to be cauterized, without fear of injury, and when all ready, he touches the spring, and instantaneously, what was previously harmless, becomes a white hot platina point, wire or plate, as the case may be. Neither is there any danger of the caustic breaking, or falling from the porte caustique into the vagina; nor is the operator compelled to stain his fingers; and the secretion washing over the cauterized surface, cannot carry the escharotic to healthy structures.

While speaking of this galvanic cautery, I may add that, with a little variation, I employ it also to cauterize the prostate glands, the fauces, larynx, uvula, and to syphilitic sores, and in every case find its advantages far superior to any other method or means of cauterizing.

Editorial Department.

Periscope.

FOREIGN.

Effects of Tobacco Smoking.

The effects of tobacco on the system has been a subject of discussion in the newspapers and medical and other scientific journals for some time past. Dr. B. W. Richardson, who certainly writes as though he was himself fond of the luxury of a smoke, comes to the following conclusions on the subject. They are published in the *London Lancet*.

"1. The effects that result from smoking are due to different agents imbibed by the smoker, viz., carbonic acid, ammonia, nicotine, a volatile empyreumatic substance, and a bitter extract. The more common effects are traceable to the carbonic acid and ammonia; the rarer and more severe to the nicotine, the empyreumatic substance, and the extract.

"2. The effects produced are very transitory, the poison finding a ready exit from the body.

"3. All the evils of smoking are functional in character; and no confirmed smoker can ever be said, so long as he indulges in the habit, to be well. But it does not follow that he is becoming the subject of organic and fatal disease because he smokes!

"4. Smoking produces disturbances in the blood, of the stomach, of the heart, of the organs of sense, of the brain, of the nervous filaments and sympathetic or organic nerves, of the mucous membrane of the mouth, and of the bronchial surface of the lungs.

"5. The statements to the effect that tobacco-smoke causes specific diseases—such as insanity, epilepsy, St. Vitus' dance, apoplexy, organic disease of the heart, cancer, and consumption—have been made without any sufficient evidence or reference to facts. All such statements are devoid of truth, and can never accomplish the object which those who propose them have in view.

"6. As the human body is maintained alive and in full vigor by its capacity within certain well-defined limits to absorb and apply oxygen, as the process of oxydation is most *active and most required* in those periods of life when the structures of the body are attaining their full development, and as tobacco-smoke possesses the power of arresting such oxydation, the habit of smoking is deleterious to the young.

"7. In the main, smoking is a luxury which any nation of natural habits would be better without. The luxury is not directly fatal to life, but its use conveys to the mind of the man who looks upon it calmly the unmistakable idea of physical detriment.

"8. But as a luxury tending to this condition, it is probably one of the least hurtful of luxuries. It is on this ground, in fact, that tobacco holds so firm a position; that of nearly every luxury it is the least injurious. It is innocuous as compared with alcohol; it does infinitely less harm than sugar (?); it is in no sense worse than tea; and, by the side of high living, altogether it contrasts most favorably. It is most antidotal to gluttony.

"9. Tobacco may also be considered, in certain cases, as a remedy for evils that lie deeper than its own, and as such a remedy it will persist in holding its place until those evils be removed."

On the above the *Dublin Medical Press* remarks as follows:

"The reader of the above will at once perceive that Dr. RICHARDSON'S observations are as mildly condemnatory of the practice of smoking as they well can be; while he admits that 'no confirmed smoker can ever be said, so long as he indulges in the habit, to be well;' while he enunciates the fact that 'as tobacco-smoking possesses the power of arresting oxydation, the habit of smoking is deleterious to the young,' yet he winds up by saying that 'it is one of the least hurtful of luxuries;' he makes the extraordinary statement that 'it does infinitely less harm than sugar,' and 'is antidotal to gluttony.' So far we must admit that Dr. RICHARDSON is a most competent and unprejudiced judge; but as his verdict fails to condemn the use of tobacco, on account of its direct effects, we must only fall back, in the absence of further and more decisive evidence, on the common sense view of the case. Let us suppose that it is an open question whether tobacco be hurtful or not, and we think we can show that smoking is a practice which even the satisfaction of enjoying a luxury cannot justify. In the first place, we would ask is it not culpably foolish for the smoker to create an appetite which does not exist in nature? If it were possible for a person to exist without drink, would it not be clearly wrong for him to tie himself for the future to a want which he may not have the means of gratifying, and how much more is it objectionable to create a necessity which entails inconvenience and expense? The smoker will say, 'but the pipe is a luxury, and repays us for the inconvenience and expense;' to which we reply, 'it is a luxury, because you have made it one, and a necessity of your own creation. If you had not made the pipe your master, you would not have felt the necessity of the luxury. The man who never smoked feels no loss, because he knows not the appetite.' In the second place, public decorum and politeness are not compatible with the use of tobacco, and it is on this ground that the habit was attacked by the *Times*. Perhaps a smoker amongst smokers commits no breach of manners, for the callous olfactory senses of his company experience no discomfort; still he should remember that a large section of the public, and more especially those to whom politeness is particularly due, the aged and the fair sex, regard the smell of tobacco as no better than that of assafœtida, and he should consider that to lungs unaccustomed to the fumes of the fragrant leaf, smoke is as distressing as sulphureous vapors. If young men remembered this, if they refrained from annoying and inconveniencing their neighbors, for the purpose of satisfying their own morbid appetite, people might say, 'let them poison themselves so long as we are none the worse.' But it is a patent fact, which calls for the loudest public complaint, that they do *not* refrain, but rather force their vitiated taste upon the public on every occasion. A lady or an old gentleman cannot enter a railway carriage, or any place of open air, public resort, without having their senses offended and their clothes be scented with the odor of stale tobacco; nor is it considered unworthy of a gentleman in this fast age to enter a ball-room or theatre redolent of the filthy perfume which is inseparable from his after-dinner pipe. No one has the right to outrage good manners to satisfy his morbid taste, and smokers should not abuse the good humor of the public by obtruding their bad taste where it is out of place; but if we are to admit that the question of injury to health is still an open one, we must admit that the opponents of the pipe have a *prima facie* case of the most conclusive description in favor of their view. It is altogether impossible and contrary to every analogy that persons can imbibe even the minutest doses of a virulent poison, such as nicotine, without suffering injury. If the smokers have no more forcible argument than the pleasure of smoking to adduce, they must be content to be enrolled with the opium-eaters, who are ready to urge the same argument. The relative difference between the smoker and opium-eater is the quantity of poison imbibed, and we find it very difficult to believe that a habit which necessitates such a system can be regarded otherwise than as a degrading vice, and worthy of public condemnation."

Appearance exhibited by Blood-corpuscles under the influence of a Solution of Magenta.

In a paper to the Royal Society, Dr. WILLIAM ROBERTS communicates an account of the following phenomena:—When human blood and a solution of nitrate of roseaniline (magenta) are mixed under the slide of the microscope the following changes are observed:—The blood discs speedily lose their opacity; they become transparent, and assume a faint rose-colour. They also expand sensibly and lose their biconcave figure. A dark red spot is observed on some portion of each periphery, whilst their nuclei are displayed with great clearness, dyed a magnificent carbuncle red. Blood from the horse, pig, ox, sheep, deer, camel, cat, rabbit, and kangaroo, gave similar results as regards the red corpuscles. The nucleated blood discs of the oviparous classes also yielded like results, whilst the macula, or spot upon the periphery (although sometimes difficult to find, it having suffered eclipse from the nucleus), was even more decidedly developed than upon the mammalian blood discs. The maculæ were detected in the fowl, frog, dace, and minnow. The author goes on to state that this macula is in each case clearly situated in the cell-wall, and not in the interior of the corpuscle. The main deduction to be drawn from the above experiments (and also the following ones made with a solution of tannin) seems to be that the cell-walls of the blood discs *do not* possess the simplicity of structure usually attributed to them. Blood-corpuscles floating in their own serum, or after treatment with acetic acid and water, appear to be furnished with perfectly plain envelopes of a simple homogeneous membrane. We think with the author that his experiments decide this question in a very satisfactory manner.

The Action of Tannin upon Blood-corpuscles.

The remaining half of Dr. ROBERTS' paper is devoted to experiments performed with tannin. It seems that when blood is treated under the microscope with a solution of tannin (three grains to the ounce), the corpuscles throw out highly refractive buds or projections upon their surfaces. These projections are usually about one-fourth the size of the corpuscle on which they are fixed, but they vary considerably; very rarely in mammalian blood two projections were seen, and as rarely a corpuscle devoid of any.

"The projections were commonly round or dome-shaped, bordered with a deeply refractive outline. Frequently a minute apparently vesicular body could be seen within this outline, and then the projection presents a curiously hooded aspect. In a urinary deposit, from a lad 12 years of age, containing blood and pus, nearly every blood-disc presented the hooded appearance after the addition of tannin. The projections in the blood of the frog had a strong tendency to multiply. . . Even five would rise in succession on the face of the disc. It appeared too not unfrequently as if the entire outer membrane of the cell was detached from the parts beneath, and raised in eight or ten unequal elevations, giving the outline of the disc an irregularly crenate appearance."

The formation of the projections could be watched without difficulty, the author says, by acting upon defibrinated blood obtained by allowing fowls' blood to sink through a column of syrup (sp. gr. 1025.)

"Fowls' blood washed in this way was mixed in a little glass with five times its volume of the tannin-solution, and a drop immediately put under the microscope. The discs first enlarge and become rounded, and the central nucleus comes into view.—In thirty to forty seconds the pallulation begins, and each corpuscle with instantaneous rapidity and without previous sign, throws out its bud. The disc itself suffers not the least disturbance during this act, it preserves its symmetry unchanged, as if it had no concern beyond that of proximity with the sudden apparition on its surface."

In these experiments no visible rupture, according to the author, took place in the cell-wall, as the original outline, of the cell-wall could be distinguished through the projections. On adding acetic acid to these altered corpuscles they regained their pristine form, at least it was so in human blood; but acetic acid failed to produce the reducing action when applied to the corpuscles of the fowl. Gallic acid and a number of other substances, which the author tried, failed in producing any phenomena.—From these experiments, and also those enumerated above, Dr. Roberts draws certain conclusions, which may be summed up as follows:—

That the appearances produced in the blood-discs of the ovipara and those observed in the mammalian corpuscles, support the view that these corpuscles are homologous as wholes; also, that the envelope of the vertebrate blood-discs is a double membrane, or that within the outer covering there is an interior vesicle which encloses the coloured contents and the nucleus in the ovipara. The blood-corpuscle may then be viewed as similar to a vegetable cell, the inner vesicle corresponding to the primordial utricle. —*Dublin Med. Press.*

Mechanism of Emesis.

Dr. Patry forwarded some time since to the Academy a case of penetrating wound of the abdomen, with remarks on the mechanism of emesis. In the name of the committee appointed to examine the paper, M. Sappey reported on Dr. Patry's communication. The patient was a shepherd boy, aged 11, who was tossed by a bull; the abdominal wound was so extensive that the stomach, spleen, and a portion of the intestines were exposed to view. Dr. Patry's researches and the learned reporter's personal observations show that the theory of vomiting may be reduced to the two following propositions:—

1. Four organs have a share in producing emesis—viz., the œsophagus, stomach, diaphragm, and abdominal muscles, which contract simultaneously.—The action of the stomach is slow, gradual, often scarcely apparent, but permanent. The other muscular structures act in a distinctly spasmodic manner.

2. The share of each of the organs in the result depends on the mode rather than on the energy of action, as has been generally supposed. The œsophagus and stomach contract slowly, and propel the contents of the viscus progressively towards the mouth after every effort.

In M. Patry's case, although the intestines were exposed to air for a lengthened period, and partly desiccated, the patient recovered; and M. Cloquet took this opportunity of relating a singular instance illustrative of the innocuity of exposure of the bowels. Some thirty years since, the Professor was compelled to operate in a case of strangulated hernia. The patient, disregarding every injunction, got up and sat down before the fire, and at the surgeon's next visit he found the intestines protruding through the wound, and partly dried up by the heat. The woman was replaced in bed, the bowels were returned into the abdomen, and a perfect cure was ultimately effected.—*Jour. de Méd. and Dublin Med. Press.*

On Impregnation.

Dr. F. J. W. Packman writes as follows to the *London Lancet*:—Sir,—It is a well-known fact that queen bees lay female eggs first, and male eggs afterwards. Also, that if her conception be protracted beyond a lunar month from her birth, she will produce males only.

In the human female conception in the first half of the time between menstrual periods produces female offspring, and male in the latter.

Numerous instances of females being "out" in reckoning the time of their parturition gave rise in my mind to a suspicion of the existence of some "law" as a cause; and from the frequency of a male child coming, I usually concluded and predicted that a late case was due to "an idle boy" and rarely failed in being right. The law above stated explains these irregularities; and its existence has been confirmed by a friend on whose testimony as to its being a fact implicit reliance may be placed.

That law of generation applies also to animals, and probably to all animated beings.

Whether regarded as applicable to produce a male or a female population, an heir or an heiress to a title or an estate, or successor to a throne,—or to the incalculable advantages of breeding male or female stock, and ultimately rendering the whole feminine creation subservient to the necessities and will of man, it must tend to raise our admiration of the Creator's power of regulating our existence by laws even more mysterious than those yet known to us.

Evidence of the universal existence of such a law, and of its applicability to the purposes of man in "affording a check to an overpopulating of the globe," counterbalancing the effects of war and emigration by raising a male population, in proportion to the demand, instead of females, and in breeding male instead of female flesh for the service and sustenance of our race, may be naturally expected in time, as its bearing among animated nature becomes understood and developed.

Hoping that this communication may serve to increase our physiological knowledge of uterine functions, I beg your permission to have it inserted in your scientific and valuable journal.

Maternal Impressions.

Dr. John S. Beale communicates the following to the *London Lancet:*

Mrs. N——, aged twenty-four years, primipara, a woman of delicate build, and highly nervous temperament, suffered a great deal during her pregnancy with morning sickness, faintings, and great despondency of spirits. About ten weeks previous to her delivery she had a few scattered spots of "herpes" on the front of the chest, which disappeared under ordinary treatment, when some kind, good-natured, knowing old woman informed her it was the "small-pox, and that without doubt her child would suffer from the same disease." The bare notion of this

preyed very much upon her mind, and her husband and myself both failed in driving the absorbing notion from her brain.

On June 22nd she sent for me, having been in labour some four hours. On rupturing the membranes, a most unusual quantity of amniotic fluid escaped, coming away in gushes with the commencement of each pain. On the child being born, I noticed it had been dead for several days, the head, face, and whole surface of the body being covered at about three-quarter inch intervals with pustules, exactly resembling in size, form, and appearance the small-pox vesicles at maturity. The depression in the centre was plainly marked. When the topmost cuticle was detached, there was no fluid of any sort underneath. The mother's first remark was, "Is the child marked?" she fully believed it would be so.—We well know how mysterious are the freaks of nature in cases of this description. Still I think a careful compilation of numerous cases would tend eventually to throw more light on the matter.

The following cases have occurred in my practice:—

1. A child born with one eye of a light-blue color (right eye); the other a dark hazel. Mother says she had seen a child with similar eyes sitting on a doorstep in Lisson-grove.

2. Child born with mouth and upper and lower extremities resembling those of a dog. Mother states that she was worried and torn by a dog whilst she was in the seventh month of gestation.

3. Child born with left eye blackened as from a blow. The mother stated that her husband came home irritated, and struck her (eight hours previous to her confinement) on the corresponding part of her face.

4. A child born with four little fins or stumps for upper and lower extremities. The mother had been frightened by seeing a man maimed in his lower extremities, who used to traverse the streets on a board with wheels.

5. Child born ten nights after display of fireworks in commemoration of Crimean war. Child's feet were covered with bladders of serum, similar to those arising from scald or burn. The mother was alarmed by the descent of a stick of a discharged fire-rocket, which struck the roof close by the place where she was standing.

Digitalis a Cardiac Tonic.

The following case with remarks by Dr. Handfield Jones was originally published with others in the *Medical Times and Gazette*, and was copied into Braithwaite's Retrospect, from which we copy it. We would add, that having had considerable experience in the use of large doses of digitalis in delirium tremens, we can unhesitatingly commend it to the notice of our readers:

E. G., a carpenter, aged fifty, was admitted February 28. He has been ill one year. He has had no rheumatic fever nor "inflammation of the chest;" no arcus senilis, and he is not anæmic. He complains that walking a little distance brings on a violent fluttering and trembling sensation at the præcordia, attended by a sense of suffocation, and also pain in the shoulders and numbness of the right hand and great perspiration. When this goes off it leaves the "heart heavy," and he is excessively weak, and has a feeling as if his knees would give way, while, at the same time, he is continually making water, which is clear. He says he is often obliged to press his side to get relief from the heavy, dead, gnawing pain. A full meal will increase his distress; he cannot lie down for the sense of suffocation. Pulse weak, small, regular, visible at both elbows, scarcely so at wrist. Jugulars not distended. No dropsy. Respiration quiet. No morbid sounds in posterior parts of chest. Right lung descends far, pushing down liver; left seems of normal size. The impulse of the heart is diffused, visible in epigastrium, not in normal situation. Its rhythm is quite regular. To the left, outside of papillary vertical line, at the base of the left of the sternum, up to both clavicles, and at both sides of neck, and at each side of the epigastrium, a loud, single, prolonged, blowing murmur is heard, loudest at the sides of the epigastrium. No other sound is audible. Murmur at heart is nearly synchronous with the radial pulse, rather precedes it. Exercise makes the murmur louder.

From the date of his admission to April 21, he took iodide of potassium, compound iron pill, with opium, strychnia, ammonio-citrate of iron, and sesquicarbonate of ammonia, in infusion of calumba. The last was of material benefit for some while, but at the end of the time he was in much the same state as at first. He was then ordered, ℞. Tinc. digitalis, ♏ xij.; tinc. ferri muriat., ♏ xv.; spt. æth. chlor. ♏x.; aq., ℥j., ter die.

This he took with some phosphorated oil, after the first three weeks, till June 2. On this he improved very much, and described himself on May 19 as having less fluttering, trembling, and breathlessness, but that as soon as he got tired his heart became "heavy and dead." The digitalis was omitted, as it seemed to be causing some gastric irritation. He went on with sesquicarbonate of ammonia in infusion of chiretta, and with the phosphorated oil, to which was added, on June 5, a scruple of the saccharated carbonate of iron three times a-day. On the 19th his symptoms were worse, but the breath sound was still clear, especially at the back of the chest. The digitalis, iron and chloric ether mixture was now resumed, the dose of the first being fifteen minims three times a-day.

June 26th. The patient remarks, "I think that medicine seems to agree with me." He could lie down now for three or four hours, which he was unable to do before. To take the mixture four times a-day.

He continued decidedly improved till July 7, when he complained of a painful sensation, like that resulting from a violent blow at the region of the heart which seemed to be connected with an attack of catarrh. On July 10th the iron and chloric ether were exchanged for a mixture containing four grains of quinine and fifteen minims of tincture digitalis. This seemed to agree fairly well with him for fourteen days, after which Dr. Jones lost sight of him for nearly a month. When he saw him again dropsy had set in, and there was considerable gastric disorder. The dropsy increased, and he died towards the end of September. The urine on August 25th was fairly healthy, free from albumen. Dr. Jones pressed very much to be allowed a post-mortem, but was refused.

Remarks by Dr. Handfield Jones.—The foregoing case is an exquisite example of great dilatation and enfeeblement of the heart. The hypertrophy was much less than in the first case, and the dilatation was quite predominant. No better case could be imagined to test the influence of digitalis, and the result was certainly unequivocal. Instead of causing any further depression of the enfeebled organ, it decidedly increased its tone and power, and enabled it to carry on its function better than when any other remedy was given. If digitalis were in any degree a cardiac depressant, it would have extinguished the weak contractility of this poor fellow's heart, instead of arousing it. No special diuretic action ensued from its administration; and, as there was no dropsy for some considerable time, the improvement of the heart's action cannot be referred to any relief of the circulation in this way. On the whole, the two cases related afford some evidence that digitalis is a *cardiac tonic*, and certainly prove that it may be given with advantage in cases of great cardiac debility. The observations of Winogradoff and of Traube,

as to the influence of digitalis on the pressure in the arteries, go very much to confirm this view; and Kulp's account of the action of digitalis in inflammatory disease, seems to prove that it induces arterial contraction, rendering the hands and face cold. Its action upon the uterus in menorrhagia, and on the arteries in hemorrhages, seems, also, to be of this kind. Diminishing the frequency and arrest of the heart's action depend according to Traube, on the predominating excitement of the vagi, the regulating nerves of the heart; while increased action depends on the sympathetic nerves being more strongly excited. He regards the action of digitalis as at first stimulating and afterwards depressing. I am inclined to question this view, as certainly in the above cases there was no evidence of its causing depression at any time. It seems to me more probable that, when digitalis induces dangerous symptoms, it is from its producing a tetanic state of the heart, *i. e.*, stimulating this hollow muscle so strongly to contact, that it does not duly relax and admit a supply of blood. In any fatal case of digitalis poisoning it would be most important to ascertain the exact state of the heart's cavities, whether they were contracted or relaxed. On the whole, I am much inclined to think that digitalis may be more safely used in asthenic conditions of the heart than in the opposite. What little experience I have had of its use in delirum tremens points in the same direction. It seems to be injurious in sthenic, and beneficial in asthenic cases.

The phosphorated oil referred to in the second case is made with phosphorus and almond oil, five or ten grains to the ounce. Dose, 5 drops.

On the Action of Digitalis.

On this subject W. B. Kesteven, Esq., writes as follows in the *Medical Times and Gazette:*

Attention having recently been directed to the effects of digitalis, it may not be uninteresting or uninstructive to your readers to have their attention directed to the opinions expressed in Dr. Fuller's recent work on "Diseases of the Chest." Dr. Fuller is well known as a man of sound practical judgment, and one who does not express an opinion without having duly weighed all the facts on which it is based. It is urged by Dr. Fuller, that the general notion of the danger attending the administration of digitalis in dilatation of heart is incorrect, inconsistent with fact, and founded on the erroneous impression, that digitalis exercises a depressing influence over the action of the heart, and, therefore, leads to accumulation and coagulation of the blood in its cavities, if not to actual paralysis of its muscular structure. Dr. Fuller affirms, that digitalis stimulates the muscular fibres of the heart, and augments the contractility of the capillaries; that when it kills, it is not by paralysis, but by tonic contraction and spasm of the heart; that, such being the case, it is a valuable remedy in dilatation, and dangerous only when administered in hypertrophy. The grounds given by Dr. Fuller for these opinions are thus stated by the author (p. 592):—

"1st. During many years, I have observed that the cases of heart disease most benefited by digitalis have been those in which the heart has been weak and dilated, and the pulse feeble and irregular. In these the pulse has become stronger and steadier, and less frequent under its action.

"2nd. In the only cases in which I have known death to occur suddenly during the administration of digitalis, the heart has been hypertrophied and firmly contracted. This may have been a coincidence, but, viewed in connection with the results of experiments to which I shall presently refer, it is, at least, a suspicious fact.

"3d. Dr. Dickenson has pointed out (Med. Chir. Trans., vol. xxxix.), and I have repeatedly verified his observation, that digitalis, if given in full doses, induces violent uterine contraction, and checks uterine hemorrhage; and, inasmuch, as its action in staying menorrhagia and uterine hemorrhage is permanent, it seems fair to conclude that it gives tone to the capillaries, and increases their contractility.

"4th. This view is borne out by what I have long since observed relative to its action in arresting hæmoptysis, viz., that whilst effecting the object required, it does not weaken but rather increases the force of the pulse, though it lessens its frequency.

"5th. When patients die of delirium tremens, the pulse is usually rapid and fluttering before death, and the heart is found weak, flaccid, and distended with blood afterwards. These are just the cases in which, on the commonly received doctrines as to the action of digitalis, the drug ought necessarily to prove fatal, and yet modern experience has shown that in these cases it is tolerated, even in excessive doses. My impression is, that its remedial action in these cases depends on its stimulating the heart, subduing its irritability, and increasing the tonicity and contractility of the heart and capillaries, so that the brain is better supplied with blood, and the effusion of its more fluid parts, which gave rise to the "wet brains" of habitual drunkards, is avoided.

"6th. It has been proved by experiments on animals (Dr. H. Jones) that when death is induced by digitalis, the heart is not flaccid and distended with blood, as is commonly supposed, but, on the contrary, empty, contracted to the utmost, and in a state of tonic spasm. All these facts confirm my view as to the action of digitalis; and if it is correct, its practical importance in relation to the treatment of cardiac dilatation can hardly be over-estimated.

The preceding extract places before us clearly all that can be said on the action of digitalis, that, although long, it will not, I believe, be found too long to claim the careful attention of your readers. Having myself observed the clinical facts stated by Dr. Fuller, I would, with much difference, beg permission to endorse the practical views thus put forth on the therapeutic value of digitalis.

Horsehair Sutures.

Dr. Jasper Cargill in a communication to the *London Lancet*, says:—

On reading Mr. Thomas Smith's interesting article "On Horsehair as a Substitute for Wire," I was determined to give it a fair trial, on the principle that it is a duty we owe to the profession as well as our patients to make use of inventions so evidently commendable.

The first case was an adult, on whom I operated for phymosis; but he resided so far away from me that I cannot give details of the recovery. All I know about it is that he got well very soon, and did not keep his bed for one day.

On the 5th February, I removed an epithelial cancer from the lower lip of a young man. I made the usual V-incision, and stitched up the wound with three horsehair sutures, previously soaked in water, as recommended by Mr. Smith. I saw the patient every day (who returned to his work as clerk in a store immediately after the operation), and I was particularly pleased with the complete success of this unirritating suture. At the end of seven days the wound had entirely healed without any suppuration, and the sutures were *in situ*, and readily removed.

The next case was a negro, on whose tongue was a wound, dividing it nearly across (the result of a bite from a man in a fight). I brought the edges of the wound together with horsehair sutures, and in three days union without suppuration had taken place, the sutures remaining in their places.

I am perfectly persuaded that the horsehair suture is *the* proper thing in all cases where the tension is not too great.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SEPTEMBER 12, 1863.

THE LECTURE SEASON.

Preparations are being made for the winter courses of instruction in the various medical colleges. The advertisements of many of them will be found in our columns.

In our principal cities instruction is given by means of public and private lectures. The public lectures are given in chartered institutions—universities or colleges—which have the power of granting the diploma, or legal license, to practice medicine. Of these institutions, there are in operation at this time in the United States, so far as we are at present informed, twenty-seven, which are located as follows:—In Maine, one, at Portland; in New Hampshire, one, at Hanover; in Vermont, two, at Burlington, and at Woodstock; in Massachusetts, two, at Boston, and at Pittsfield; in Connecticut, one, at New Haven; in New York, eight, four in New York city, one in Brooklyn, one in Albany, one in Geneva, and one in Buffalo; in Pennsylvania, two, in Philadelphia; in Maryland, one, at Baltimore; in District of Columbia, one, at Washington city; in Ohio, four, two at Cincinnati, one at Columbus, and one at Cleveland; in Illinois, two, at Chicago; in Michigan, one, at Ann Arbor; and in Missouri, one, at St. Louis. It is possible that the two Kentucky medical schools, one at Louisville and one at Lexington, will be in operation the coming winter, but we are at present unadvised on the subject.

These schools are in the main supplied with able instructors, and offer excellent advantages to medical students. There are some advantages to be had in the larger cities which serve to bring to them far the largest number of students. The outbreak of the rebellion for a time seriously affected the principal schools—but they have now almost entirely recovered from the blow, and all are in a prosperous condition.

The demands of the Government for surgeons have drawn heavily on our profession, and ample provision must be made for future exigencies. For, whether the war continues, or peace soon dawns on our land again, the demands for medical men will continue to be great for some time to come. We, therefore, confidently expect that the colleges will all have full classes the coming winter, and no doubt special pains will be taken on the part of teachers to impart, and on that of students to acquire such knowledge as will be available in an application for a position in the Government service.

The two medical schools in this city, the medical department of the University of Pennsylvania, and the Jefferson Medical College, have able faculties, and will, no doubt, maintain their position as the chief medical schools of the country. Into the former, young life and energy has been infused by the appointment of Dr. F. G. Smith to the chair of the Institutes of Medicine, and Dr. R. A. F. Penrose to that of Obstetrics and Diseases of Women. Both these gentlemen are experienced, capable teachers, and good lecturers, and both are popular with students. The only recent change in the Jefferson Medical College is the appointment of Dr. Ellerslie Wallace to the chair of Obstetrics and the Diseases of Women and Children, which is an excellent and popular one. Dr. Wallace has long been connected with the Jefferson College, and he is favorably known to the alumni of that celebrated school.

Private lectures constitute an important part of the course of medical instruction in our principal cities. In this city the principal private lectures that are given are at the Philadelphia School of Anatomy and Surgery, on Anatomy by Dr. Garrettson, and on Surgery by Dr. D. Hayes Agnew. The former gentleman is one of our most enthusiastic anatomical students, is an excellent lecturer, and is rapidly acquiring the reputation of being one of our best anatomical teachers. Dr. Agnew has been for several years engaged in teaching anatomy and surgery in Philadelphia, and is well known all over the country for his ability as an anatomist and surgeon, and particularly for his peculiar qualifications as a teacher. He always commands large classes. In any other city the Philadelphia School of Anatomy would be a chartered college. In the number of its students it surpasses most of the chartered medical schools of the country, and indeed rivals the two great schools of this city.

Another course of private instruction, accompa-

nied by lectures and demonstrations, whose importance to the student cannot easily be overestimated, is Mr. Edward Parrish's course on Practical Pharmacy. Mr. Parrish has long been engaged in giving instruction on this all-important branch to the student who would become a competent practitioner, and his ability as a lecturer and teacher are well known.

Clinical instruction, being the practical application of the knowledge imparted in the lecture-room, forms a prominent part of the course in all our medical colleges. Of course the facilities for clinical teaching is greatest in the larger cities, and in them it is more systematically given. Besides the clinics at the several colleges, the principal hospitals in all our large cities are freely open on stated days to medical students, and their staffs are generally appointed with a special view to their ability to impart clinical instruction to the medical classes.

STATISTICS OF PERSONS OF AFRICAN DESCENT.

A Commission has been appointed by the Government to inquire into the condition of the colored population, emancipated by the President's proclamation and by the act of Congress, and to report what measures are necessary to place them in a condition of self-support and self-defence, with the least disturbance of the great industrial interests of the country.

The Commission are seeking to ascertain the vital statistics concerning the African race and the mulattoes, as well in the Northern and Middle, as in the Southern States. It is very important that this should be done, but unfortunately the data do not exist.

It is not known from any wide circle of observation, whether the mulattoes are as fertile as whites and blacks; whether they are long lived; nor even whether their breed can exist permanently; that is, whether its hybridity will prevent its persistence.

Then there are questions about the adaptation of the cross breed to the northern parts of the temperate zone; questions about the effects of amalgamation upon the white race, and the like.

The Commission have sent out circulars to many medical men; but, of course, will not reach all who might, if called upon, give valuable aid.

We, therefore, print the series of questions put forth by Dr. Howe, in behalf of the Commission, and invite the attention of our readers to it. Those who are disposed to answer the queries, or to favor the Commission with their views upon the general subject committed to it, are invited to address Dr. S. G. Howe, No. 143 Second street, New York.

QUESTIONS.

1. What is the number of the colored population of your town?
2. About how many pure blacks?
3. About how many mulattoes?
4. Does the colored population, if not recruited by immigration, increase or decrease?
5. Do mulattoes seem to you to have as much vital force to resist disease and destructive agencies as pure blacks, and as whites; and do they usually live as long?
6. To what diseases do mulattoes seem peculiarly liable?
7. Do mulatto families usually have as many children as white families?
8. Can you give instances, within your own knowledge, of the number of children in one family born of, and reared to maturity by, mulatto parents?
9. Are the colored people generally industrious and self-supporting, or not?
10. How is it in the second generation, with regard to the number and health of offspring?
11. Through how many generations has any family of mulattoes been known to persist?
12. Do the mulattoes seek public charity in greater or less proportion than whites?
13. Do you consider them, upon the whole, as valuable members of the community, or not?

EXTRA SURGICAL AID ON THE BATTLE FIELD.

A correspondent holding a prominent and very responsible position in the army writes as follows, on the subject of extra surgical aid on the battle field. The want of some systematic plan at the Surgeon-General's office has been a source of great evils in this connection, much to the annoyance of the regular army surgeons, and to the injury of the wounded soldiers.

The plan that we have urged, of appointing prominent men of character and standing in different localities, and calling on them for a certain number of men would entirely obviate the evils com-

plained of in the remarks appended. It was announced not long since that the Governors of certain States were requested to make such appointments from their States, so as to have corps of competent surgeons organized in different localities, to be called on in cases of emergency. The following is the extract referred to:

"As a sequel to your article on 'extra surgical aid,' why do you not urge that the Governors select men of *good professional standing*, and not deluge us with a lot of he and *she* quacks, with now and then a decent man interspersed, as they have done heretofore. The majority of men heretofore sent us have had more pretensions than brains, more impudence and mendacity than skill and politeness. Many of the really educated men, too, seem to think that we must at once relinquish our knives, handing them over to them. For one, I always, in civil and military practice, claim the right to have absolute dictation over my own patients. If a new man offers to assist me, and I need his help, I welcome him, but I don't propose to hand over to him the direction and act as his assistant, unless, indeed, he is some prominent surgeon, whose skill is well known. It is not human to expect it, and the men who, unknown to fame except in their own county, come down to us, expecting us to play second fiddle to them, while *they* attend *our* patients, and find out their mistake, and then go home and talk about 'army butchers' and 'conservative surgery,' simply write themselves down asses. The sour grapes are too evident. Of course they can get a lot of kind-hearted reverends and sympathizing old maids to back them up in their terrible yarns, but whoever saw a homœopath, or any other quack, who did not have the same backers? For my part, I always suspect a doctor whose reputation depends on preachers and old women."

VISITING LISTS FOR 1864.

Lindsay & Blakiston have sent us a copy of their Visiting List for 1864. The work is too well known to the profession to warrant any extended description. It is enough to know that it is ready. There is no essential change of plan in the work this year. In consequence of the increased cost of material and labor, we notice a slight increase in the price of the Visiting List.

Townsend's Hand-Book of Practice and Physician's Visiting List will be ready soon. It will be further noticed when issued.

☞ *We will supply the above Visiting Lists to our subscribers at a reduced cost,* AND STAMP THE OWNER'S NAME IN GILT LETTERS ON THE TUCK. The commutation price of the REPORTER and Visiting Lists, and other works, will be found under "Publisher's Notices."

Notes and Comments.

Enlargement.

With this number, we begin to enlarge the REPORTER again, somewhat. It will be remembered that in consequence of the greatly increased cost of paper, we diminished the number of pages rather than increase the subscription price, as was done by most of the newspapers. At the same time, the diminution was more apparent than real; for, by enlarging the page and using a different type, we have been giving nearly as much as formerly, when we published half as many more pages.

When the clinical lectures begin in the hospitals and colleges, we shall still further augment the size of the work, if our subscribers give us the means of doing so. Let it be observed that the cost of paper has diminished but very little, being still fifty per cent. higher than it was a year ago.

Calomel and Tartar Emetic.

An intelligent assistant surgeon of a regiment in the field writes as follows, in regard to the use of calomel and tartar emetic in the army, and the Surgeon-General's order thereon:

"In the abstract, I think, the Surgeon-General is right. Neither calomel nor tartar emetic is admissible in any of the diseases of the soldier. Even inflammatory diseases, of an acute character, in the army have a tendency, always, to assume a low type, and the nature of all army diseases is asthenic. As for giving calomel in 'fashionable' doses, as an alterative, in those pathological nonentities, comprised under the name of 'biliousness,' to put an imaginary spur into the liver, the practice is bad enough in civil life, but it becomes utterly unreasonable in military practice. With all the clamor raised against the Surgeon-General's order, it has as yet not been shown by those who cry out against it that there is any special class of diseases, or any particular disease, in which calomel or tartar emetic is indicated, it cannot be replaced by other remedies less dangerous in their general effects; while on the other side, it is boldly claimed that the general physiologoical condition of the soldier, and the pathological tendency of army disease always and imperatively contradicts the use of these articles."

Another correspondent, holding a high position

in one of our grand armies, writes as follows on the subject:

"I have read your forcible critiques on the Surgeon-General. Opinions vary much in the army on the calomel question. For my own part, despite the order, I get plenty of calomel, and use it without hesitancy."

The Sanitary Reporter.

This journal, published semi-monthly in Louisville, Ky., by the Western Branch of the United States Sanitary Commission, contains a great deal of valuable information to the physician. In it are published the reports of the Sanitary Commission, with accounts of the labors and observations of its members on the battle fields. We would commend it to the notice of our subscribers.

University of Maryland—Medical Department.

The 56th annual session of this school of medicine will commence in Baltimore, on Monday, the 19th of October. The advantages offered by the school are of the first order, and the Faculty is well known to the country. During the session of 1862–63 there were 103 matriculants and 37 graduates.

Erratum.

In Dr. Garrettson's article in a late number, on Plaster Splints, p. 242, quite an important typographical error occurred in the omission of the following words just before Figs. 3, 4 and 5:

"No. 3 is a dressing for fracture of both bones of the fore-arm. This dressing consists of three pieces, as represented in the following cuts."

Army and Navy News.

Medical Inspector-General.

Medical Inspector Cuyler, U. S. A., has been detailed as Acting Medical Inspector-General, in the place of Dr. Jos. K. Barnes, Acting Surgeon-General.

Appointments.

The position lately held by Dr. Clymer (ordered South) has been filled by the appointment of Surgeon Bache, U. S. A.

Wm. T. Kemp, appointed an Assistant Surgeon in the Navy, from the 5th September, 1863.

Resigned.

The resignation of Assistant Surgeon C. P. Russell, U. S. A., has been accepted by the President.

A Horse Litter.

A Board consisting of Medical Inspector Lyman, Surgeon McDougal, and Assistant Surgeon Brenneman, has been ordered to assemble at New York, to examine a recently-invented horse litter.

News and Miscellany.

Preservation of Meat.

It is worth knowing at this time of the year that meat may be kept sweet for a long time in an atmosphere strongly impregnated with acetic acid. The meat is placed on a wooden support, or suspended, in a close vessel, on the bottom of which some strong acetic acid is poured.—*Dingler's Polytec. Jour.*

Report on Vivisections.

It will be recollected that some time since a deputation from the English Society for the Prevention of Cruelty to Animals made a representation upon the subject of the vivisections performed at Alfort and other French schools. And certainly, although this prejudiced and fanatical body (judging from the proceedings at their recent conference) can scarcely be regarded as a prudent councillor, there can be no doubt that the atrocious cruelty of some of the experiments, and the needless repetition of others, have been well calculated to excite disgust in even the most forbearing of minds. The French Emperor took this view, and while ordering a temporary suspension of those at Alfort, he called upon the Academy of Medicine to state the limits within which the practice of vivisection may be properly permitted, in order, we suppose, that the necessary decrees, which in France seem to be required for the regulation of even moral duties, might be issued. The Academy appointed a committee, of which the lamented Moquin-Tandon was reporter, and at the period of his death he had a report ready, by which it is said that the difficult problem of distinguishing between the use and the abuse of vivisection was admirably solved. It is now announced that this report has been withdrawn from the Academy by the family of the deceased, because it had undergone modifications and alterations, they being determined that it should only be presented as the author left it.—*Med. Times and Dublin Medical Press.*

Colored Troops in Hot Climates.

The comparative liability of white and colored troops to diseases of a malarious origin, has long since attracted the attention of the English authorities, and has doubtless greatly influenced the composition of their forces serving in malarious countries. From the annual report of the British army for 1859, it appears that in Jamaica the ratio of mortality is as follows:—White 101.9, black 8.2; Bahamas, white 159.0, black 5.6; Sierre Leone, white 410, black 2.4. These facts have an important bearing on the present policy of our Government, in organizing negro regiments for service in the malarious regions of the South. Already Surgeon-General Hammond has been able to contribute an item of statistical information bearing on this point. In a recent communication to the Secretary of War, he states that Medical Inspector Townsend reports that, in the Department of the Gulf, white and colored troops are found serving together, and equally subjected to malarious influences. The ratio of sick of diarrhœa, dysentary, remittent, intermittent, typhoid fevers, &c., is white 10.8 per cent, and colored 0.8 per cent. The argument in favor of the employment of colored troops at the South, if based on their comparative immunity from the diseases peculiar to that region, is conclusive.—*American Med. Times.*

Source of Oxygen,

At a recent meeting of the Munich Academy of Sciences, Baron Liebig announced what he regarded as a very important discovery. The atmospheric air

has hitherto been regarded as the chief or only source of the oxygen employed in the processes of nutrition and metamorphosis within the animal organism. By the aid of an apparatus, for which King Max provided 7000 florins from his private purse, it has now been shown that, within the bodies of carnivora, a very considerable amount of oxygen is produced from water; and that, under given circumstances, a powerful process of decomposition is set up, resolving the water into its constituent parts, its oxygen serving for the formation of carbonic acid, and the nitrogen (which often exceeds the volume of the animal in quantity) being discharged by expiration. —*Med. Times.*

Sir Henry Holland.

The distinguished physican, Sir HENRY HOLLAND, arrived in New Haven recently, and spent the day in calling upon several distinguished citizens. A New Haven paper says: He is past seventy years of age, but has lost none of his mental or physical activity. He uses neither cigars, tobacco, nor wine. Since 1855 he has extended his travels to Sweden, Lapland, Russia, Iceland, Jerusalem, Damascus, the Danube, Constantinople, Asia Minor, twice to the United States, and twice to Canada.

New Method of Cauterization.

M. NELATON proposes and practices a new method of cauterisation, using a fine jet of flame, produced by the combustion of ordinary gas, for the purpose. —*American Medical Times.*

The Modern Use of Tobacco.

A Dublin medical gentleman, at present in one of the midland counties, writes to say, that it appears to him that the evil effects of smoking tobacco are every day becoming more and more apparent among the working classes. A considerable number of labourers have, in the course of his inquiries, come under his observation, who complained of pain and distress in the left side of the chest, and for which, by the most careful exploration and examination into general symptoms, he was quite unable to account, except on the supposition that they were produced by excessive smoking. Our correspondent further remarks, that the working people have of late years, in that part of the country to which he alludes, not only become more addicted to smoking, but changed their usual practice of using the pipe in a manner that he believes much more conducive to constitutional derangement than their method of smoking some years since. Formerly a labourer working in a field found considerable difficulty in lighting his pipe, and was obliged to resort to all kinds of expedients to procure fire, such as touch-paper with flint and steel, endeavours to keep a coal alive, &c., all of which were attended with such uncertainty, or occupied so much time, that "the smoke," though so ardently coveted, was usually per force postponed to stated times, when the man indulged in a good pipe full and had done with it for some hours. The invention of the lucifer match, however, shortly followed by a large increase in wages to the workman, formed an important era in the history of smoking. Tobacco, though so expensive an article, became more easy of access, and the facility with which it can now be lighted out of doors threw the temptation of its *frequent* use in a manner absolutely irresistible before the workman, whose habit now is to smoke small quantities, perhaps every hour or half-hour, so as to keep himself almost continually slightly under the influence of this fascinating narcotic.—We have great pleasure in inserting the above remarks collected from our correspondent's letter.—The subject is a very interesting and important one. —Editorial in *Dublin Medical Press.*

A Noble Honorarium.

Occasionally a member of our profession is had in remembrance, and receives consideration at the hands of a grateful patient. The avenues to wealth are almost closed to the medical profession, and we are compelled to toil in season and out of season for very moderate compensation for our professional services. We are often *promised* a great deal, but seldom realize. Few physicians, we apprehend, after their sick-bed experiences will have much confidence in death-bed repentance, though the following case which we quote from the *Boston Medical and Surgical Journal* is an evidence that it may sometimes be genuine.

Our recent mention of the large fees received by the surgeon of the King of Belgium and the accoucheur of the Empress of Russia, has prompted a friend to remind us of even a larger sum than either of those fees left as a legacy some years since to one of our Boston physicians, who is still in active practice. The circumstances are so peculiar that they are worth relating, although some of the facts are undoubtedly well known to a portion of our readers.

Dr. —— was called to the wife of a neighboring physician, who was in difficult labor. The husband delegated to him the responsible duty of delivering by forceps, which he accordingly did at once, and left the house after a stay of twenty minutes. The mother and child did well; no second visit was necessary. Of course no charge was made to a fellow practitioner, and the circumstances of the case were consigned to the dusty shelves of past professional experience. *Forty years* after, Dr. —— was notified that he had become the heir to a magnificent legacy from the lady whom he had so relieved in her hour of peril. The statement was so incredible that it required strong persuasion to make him believe it. The lady died a widow and childless, having lost her daughter at the age of seven years. The amount of the legacy was 10,000 dollars in personal property, which was paid at the time, and a share of a valuable estate—said share being valued at 10,000 dollars. Circumstances have prevented the estate as yet from being sold or divided. The present value of this property is undoubtedly much greater than it was at the time of the decease of the former owner, as forty thousand dollars have been offered for a portion of it which was at that time valued at twenty-five thousand dollars. So that on the whole our friend is safe in reckoning the amount of his legacy as at least from twenty-five to thirty thousand dollars.

Quackery—Veronica Quinquefolia.

It is a thankless task to fight humbug in its various phases. No sooner is it killed in one form, than it rises in another guise more specious than before. One theory which quack doctors most make use of is, that all diseases arise from impurity of the blood —if we can only purify the blood, all diseases will disappear. This is beautiful in theory, and takes readily with the ignorant and easily gullible. The only objection to it is, that it has not the least foundation in fact. If any man, whether calling himself a physician or not, talks about *purifying the blood*, it is safe to set him down as a humbug of the rankest kind. Some weeks ago we saw a long article in the N. Y. Tribune, recommending the root of *Veronica quinquefolia*, as a grand panacea for scrofula in all its forms. We felt grieved to see such a quackish

article in so widely circulated a paper, but let it pass unnoticed. Now that we see in our esteemed cotemporary, the Rural New Yorker, another article by the author of the one which appeared in the Tribune, we feel called upon to expose the thing. On reading these articles we, of course, suspected that there was a cat hidden under the meal, and upon making an inquiry, we ascertained that the writer of the articles was selling the root at three dollars an *ounce*, or two ounces for five dollars. The price of the article in the New York drug and herb stores, is less than one dollar a *pound!* The editors of the Tribune and Rural New-Yorker, have unwittingly allowed the use of their columns to aid a private and extortionate speculation. It is a sort of spasmodic revival of an old thing which has been before the public in one way or another for the past 20 years. The medicine in question is the root of a plant, the proper botanical name of which is *Veronica Virginica* and has been called *Leptandra Virginica*, and *Veronica quinquefolia*. The common name is Culver's Root, and it is sometimes called Indian physic. Though not very common around New York, it is abundant enough through the West.

In regard to the medicinal qualities of the plant, we have only to say, that it is much used by the so-called "herb doctors," and it possesses powerful cathartic and emetic properties. We judge it to be altogether too active an agent to be used unadvisedly. If one is ill enough to require a medicine of this kind, he is in a condition to need the advice of an intelligent physician. We are decidedly opposed to indiscriminate dosing, hence we exclude from our columns all advertisements of patent or quack medicines, although people who have these to sell, can, from the large profit they make, afford to offer very high prices for advertisements.—*American Agriculturist.*

Dr. Herz—Prejudice against Jews.

Dr. Herz the eminent Surgeon and Anatomist, at Erlangen, was lately unanimously recommended by the whole university, the theological faculty not excepted, to the Minister of Public Instruction for a professorship. This appointment, we now learn, has not been made, it being said that the King of Bavaria himself refused to ratify the nomination.

OBITUARY.

Dr. Calvin West.—Dr. Calvin West, died in Hagerstown, Indiana, August 25th, of Camp Diarrhœa, contracted while on duty, during and after the siege of Vicksburg, as special Surgeon to the 8th Regiment, Indiana Volunteers. His illness continued twenty-seven days, and he lived twelve days after his arrival at home.

In Dr. West, the profession of Indiana has lost one of its most useful members. He was a zealous and intelligent practitioner, and a student and learner to the last, losing no opportunity to add to his professional acquirements.

MARRIED.

Bacon—O'Meara.—On the 27th of August, 1863, by the Rev. Charles Hill, James Bacon, M. D., of Baltimore, and Mary M. O'Meara, of Philadelphia.

DIED.

Cheston.—On the 14th of August, on board the steamer Charles McDougald, on his way from Vicksburg to St. Louis, Dr. Elijah Cheston, Assistant Surgeon U. S. A., son of Elijah Cheston, Bucks County.

Stephens.—At Tappantown, Rockland County, N. Y., on Sunday, September 6th, after a protracted and severe illness, Caroline Elizabeth, wife of James J. Stephens, M. D., and eldest daughter of Rev. Isaac D. Cole, in the 39th year of her age.

Vandeventer.—At Roslyn, L. I., on Sunday, September 6th, Samuel Gelston, son of Dr. Hugh B. and Harriet E. Vandeventer, in the ninth year of his age.

METEOROLOGY.

August.	31,	S. 1,	2,	3,	4,	5,	6.
Wind	S.	E.	N. E.	N. E.	E.	N. E.	S. W.
Weather	Clear.	Clear.	Clear.	Clear.	Clear.	Clear.	Clear.
Depth Rain							
Thermometer							
Minimum	46°	52°	48°	52°	53°	48°	50°
At 8 A. M.	60	61	64	65	62	60	66
At 12 M.	67	72	73	73	68	71	77
At 3 P. M.	71	70	73	74	70	72	78
Mean	61	63.7	64.5	66	63.2	62.7	67.7
Barometer.							
At 12 M.	30.4	30.3	30.2	30	30.1	30.2	30.1

Germantown, Pa. B. J. Leedom.

VITAL STATISTICS.	Philadelphia. Week ending Sept. 5.	New York. Week ending Sept. 7.	Baltimore. Week ending Sept. 7.	Boston. Week ending Sept. 5.	Providence. Month of July.
Popl'n, (estimated.)	580,000	950,000	240,000	180,000	52,000
Mortality.					
Male	174	294	65	51	43
Female	157	271	44	67	46
Adults	117	199	46	47	48
Under 15 years	120	360	59	65	35
Under 2 years	53	278	43	62*	21
Total	331	565	109	118	89
Deaths in 100,000	57.06	50.94	45.40	65.55	171.15
American	267	410	...	89	41
Foreign	40	155	...	29	48
Negro	12	14	9	1	6
Zymotic Diseases.					
Cholera, Asiatic	...	...	...	...	...
Cholera Infantum	46	84	15	20	12
Cholera Morbus	...	3	...	...	...
Croup	3	4	6	1	...
Diarrhœa	5	34	1	6	3
Diphtheria	13	17	6	1	2
Dysentery	10	17	2	5	6
Erysipelas	2	1	...	...	...
Fever, Intermittent	1	1	...	...	...
Fever, Remittent	1	...	...	...	...
Fever, Scarlet	5	6	2	1	...
Fever, Typhoid	7	9	4	3	2
Fever, Typhus	1	11	...	...	...
Fever, Yellow	...	...	...	...	...
Hooping-cough	2	3	3	...	...
Measles	...	2	...	1	...
Small Pox	2	1	3	...	...
Syphilis	...	3	...	1	...
Thrush	...	...	...	...	1
Sporadic Diseases					
Albuminuria	...	7	...	...	...
Apoplexy	2	7	...	...	...
Consumption	38	77	16	25	18
Convulsions	7	37	...	4	3
Dropsy	14	31	3	7	2
Gun-shot Wounds	2	...	...	...	...
Intemperance	2	4	...	...	4
Marasmus	31	62	...	3	...
Pleurisy	...	1	...	...	...
Pneumonia	2	13	1	1	1
Puerperal Fever	1	1	...	...	1
Scrofula	1	2	...	...	...
Sun Stroke	...	...	...	...	...
Violence and Acc'ts	6	12	3	1	1

* Under 5 years.

TO CORRESPONDENTS.

For the information of those who are not authors, we will state that MANUSCRIPT INTENDED FOR PUBLICATION MUST BE WRITTEN ON BUT ONE SIDE of the sheet. If greater care was taken in the preparation of copy, much trouble would be saved to printers, and mistakes would rarely or never be made.

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PROSPECTUS

— OF THE —

Medical and Surgical Reporter.

PUBLISHED WEEKLY, at 115 SOUTH SEVENTH ST., near CHESTNUT, Philada.

EDITOR, S. W. BUTLER, M. D.

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THE

MEDICAL AND SURGICAL REPORTER.

No. 357.] PHILADELPHIA, SEPTEMBER 19, 1863. [Vol. X.—No. 21.

Original Department.

Communications.

ABSORPTION OF TUBERCULAR MATTER.

By A. P. Dutcher, M. D.,

Of Enon Valley, Lawrence County, Pennsylvania.

I.—The Possibility of the Absorption of Tubercular Matter.

Dr. Carswell and some other writers on phthisis, advocate the doctrine that tubercular matter may be absorbed without undergoing any change—that is, without softening, and its common sequence the formation of vomica and the destruction of pulmonary tissue. Vogel and several other pathologists deny this in the most positive manner, and consider the tubercular process, from first to last, disorganizing and destructive in its nature and tendency. Perhaps in the present state of our knowledge on this subject, it cannot be definitely determined, yet there are some reasons derived from analogy and practical experience which would lead to the conclusion that such absorption is possible.

There cannot be the least doubt that at first tubercular matter is always deposited in a semi-fluid state, and there is no evidence to show that it immediately becomes indurated or concrete; and if it would remain fluid for even a limited period, it would but obey the ordinary laws of the animal economy to re-enter the circulation by endosmotic action. And it is a legitimate inference that such action may be carried on for a considerable time, and thus retard or prevent the accumulation of the morbid matter, especially in those cases where the tubercular predisposition is not very great, or if favorable influences are brought to act on the patient, there is every reason to believe that the tubercular exudation, like the inflammatory, may be absorbed, and the parts regain their usual health.

The evidence of the absorption of tubercle, as derived from practical observation, to our judgment, is quite conclusive, and admits of little doubt. It cannot have escaped the notice of those much engaged in the treatment of phthisical patients, that the incipient stage of the disease may be well marked by general symptoms and physical signs, yet the disorder, instead of advancing, will recede, and the patient regain his wonted health. I have frequently met with instances of this kind, where, from the presence of Thompson's gingival margin, prolonged expiratory murmur and dullness on percussion, I have had every reason to suspect the existence of tubercular deposits in the lungs, when, by prompt and efficient treatment, they have been restored to health, these signs have entirely disappeared, the expiratory murmur has become normal, and the resonance of the chest clear.

Dr. Lawson has the following remarks on this subject in his new work Phthisis Pulmonalis, p. 456: "Cases have come under my observation in which a strong probability existed of the deposit of tubercular effusion, and the final cessation of the signs afforded a fair presumption of the arrest of the process. The immediate physical sign which has seemed to me indicative of this condition, is a peculiar, slight, tearing sound, heard with both inspiration and expiration, of limited extent, but permanent in its development. The sound is more intense than the crumpling of Fournet, and is what I have described under the name of *tubercular crepitus*. It conveys to the ear exactly the impression of the air-cells expanding in an adhesive liquid, which offers some resistance, but yields with a slight, half sticky sound. This sign I have observed in many cases in which a tubercular condition or tendency was supposed to exist, but without any other physical evidence of deposit; and in due course of time, I have witnessed the disappearance of the sign, and a complete restoration to health. In fact, all the circumstances clearly indicated to my mind, tuberculous effusion had really occurred, and that it was ultimately *absorbed*. And even in the absence of demonstrable evidence, which is an impossibility, the position is not so much at variance with the acknowledged laws of exudation and absorption as to require its unconditional rejection; and, therefore, I feel inclined to adopt it."

Admitting the proposition that tubercular blastema may be absorbed, it becomes a question of

great practical importance, how this may be effected. Have we any therapeutical agents that will aid nature in this work? I believe we have. Many years' experience in treating phthisis leads me to advance the opinion, with great confidence, that we have agents in abundance, hygienic and therapeutical, that will produce the most beneficial effects, if employed with energy and skill. We will not enumerate them here, but will quote a case from our note-book, which will give the reader a better idea of our manner of diagnosis and treatment than any general description that we could give.

II.—A Case Illustrating Treatment.

June 26, 1858. Mr. T. M. came to my office this morning for advice. He informed me that he had usually enjoyed good health until about six months since, attributes his loss of health to excessive application to business, irregularity in sleeping and eating; has also been intemperate in the use of tobacco and his venereal propensities; has been married twelve years, and wife has no children. He is of the nervo-sanguinious temperament, age thirty-five, and has a hereditary proclivity to phthisis, his mother having died with the disorder; merchant by occupation, has made money, and is in good circumstances to enjoy life, if he only had health. His strength, of late, has failed him very much; his muscles are soft and flabby; skin blanched, and countenance expressive of debility and anxiety. His appetite is bad, stomach very irritable, with occasional vomiting. Tongue very red, and mouth dry. Thompson's gingival margin very clearly defined upon the gums of the lower jaw. Bowels very much constipated; urine scanty and very high colored; complains of pain and tenderness in the region of the kidneys. For the last month has been troubled with cough and mucous expectoration. Has a constant pain in the left breast, just under the clavicle. On pressure, there is tenderness over the epigastric region; there is also tenderness and an unusual fullness in the region of the liver, pointing out considerable engorgement of that organ. Is troubled at times with vertigo and palpitation of the heart; hands and feet almost always cold. Has never had hæmoptysis, chills or fever. Has to wear an extra amount of clothing to maintain his animal heat. Pulse ninety-six, and respiration thirty. Height, five feet and six inches; weight, one hundred and fifteen; weight in health, one hundred and thirty-five. His brain is large; the region of the sentiments and propensities preponderating; Powell's vital space measuring nearly three quarters of an inch. The base of the brain is well developed, indicating an abundance of nerve power to drive the respiratory and circulating apparatus.*

On inspection, the chest was found to be large and symmetrical; no inequality in its motion could be detected. On percussion, the resonance of the chest was very clear, excepting over the superior lobe of the left lung; here, marked dullness was elicited from the summit to the third intercostal space, corresponding with the location of the pain complained of by the patient. On auscultation, the respiratory murmurs of the right lung seemed to be somewhat louder than natural, with slight mucous rhonchi; on the left side, prolonged expiratory murmur was quite audible; it was heard over the whole lung. The heart sounds were normal, but its impulse was more forcible than in health, and could be heard very distinctly over a large space, even to the apex of the right lung.

A microscopical examination of the sputum exhibited the ordinary products of mucous expectoration, with a small number of withered, tubercular cells and shrivelled nuclei.

The diagnosis in this case is very plain: recent tubercular effusion in the superior lobe of the left

* As some of our readers may not be acquainted with Dr. Powell's vital space, a remark or two in explanation will not be out of place. Dr. Powell in an article on the *functions of the base of the brain*, maintains that the breadth of the base of the brain indicates the vigor of life, and the depth determines the existing tenacity of life. The breadth of the base of the brain can be determined by observing the diameter of the head from one meatus to the other, and from one temple to the other. Its depth can be ascertained by extending a line from the occipital protuberance to the inferior lateral, or external angle of the os frontis, and the space existing between this line and the meatus auditorius indicates the object of the measurement. This is Dr. Powell's vital space; by it, he determines the longevity of mankind. This space will be found to vary much in different men. In some rare instances, it has been found to measure one inch and a quarter, and in others as low as an eighth. One inch is regarded as large, and at life's meridian it may indicate a longevity of eighty or ninety years, with a liability to disease proportioned to the incidental violations of the laws of hygiene, and a certain exemption from death, except by chemical and mechanical causes, till the space between the line and the meatus becomes reduced to four or five eighths of an inch. This amount of vital endowment may continue life for many years, provided it escape invasion by disease. Half an inch, in general, may be regarded as the pivot upon which hang suspended the chances of life and death in relation to disease. At this point, and at all points below it, life, against disease, is the reward of obedience to the laws upon which life depends. Life, at three-fourths of an inch and above it, is a necessary condition, without regard to disease, with an obedience to the laws of health. When the vital measure is at half an inch, and goes on reducing, death may be said to be already at work. In decided cases of pulmonary tuberculosis, this space will seldom exceed half an inch. We would, therefore, always do well to attend to this measure; it will sometimes aid us very much in making out our diagnosis and prognosis of this malady. Those who may wish to read Dr. Powell's article on this subject, will find it in the July Number of the Scalpel for 1855.

lung, morbid irritability of the stomach, and congestion of the liver.

So far as I can learn, his treatment, up to the present time, has been empirical. Patient is very ignorant of the laws of health, very self-willed, thinks that he ought to be cured in a few days, is willing to take any kind of medicine, but is unwilling to leave his business, reform his habits, and employ such hygienic means as will improve his general health. Declined treating his case, for want of assurance that patient would be obedient to prescriptions.

July 26. Patient called again this morning. His symptoms are about the same as on the last visit. Has made up his mind to submit to the treatment proposed. In managing his case, we shall try, in the *first* place, to improve his sanitary condition; *second*, relieve the congestion of the liver and improve his digestion; and *third*, produce absorption of the tubercular effusion in the lung.

In the first instance, he is to abandon all his irregular habits, put away his tobacco, relinquish his confining employment, take such out-door exercise as his strength will allow, use the tepid bath every third day just before tea, is to retire to rest at nine o'clock, P. M., and rise at five o'clock, A. M.; his mind is to be occupied with cheerful conversation and pleasant reading; his animal heat is to be well maintained by such clothing as the season of the year indicates. To improve the condition of the digestive organs and overcome the morbid irritability of the stomach, he is to take twenty grains of the chlorate of potash three times a day, and for a few days his diet is to be confined exclusively to bread, butter, boiled rice, and animal jelly. To relieve congestion of the liver and costiveness, he is to take one of the following pills every night on retiring to rest:

℞. Mass. pill. hyd., gr. xii.
Ext. hyosciami, gr. xxiv.
Podophyllin, gr. vi. M.
Ft. in pill. No. xii.

As a counter-irritation to the affected lung, a small blister is to be applied just under the clavicle. It is to be renewed as often as it heals.

August 10. Patient returned again this morning; treatment appears beneficial; the tongue looks better, and the digestion is improving; bowels quite regular; rests well at night; has a desire for greater latitude in his diet, but this is not allowed. Continued the chlorate of potash, and omitted the pills.

September 1. The stomach has regained its healthy functions; liver entirely relieved; patient's strength is very much improved; can walk a couple of miles in the course of the day; has tried riding on horse-back, but finds that it increases the pain in the chest. The patient was now allowed a slight increase in the range of his diet, and a tablespoonful of the following three times a day, two hours after eating, with a view of promoting the absorption of the tubercular effusion in the lungs.

℞. Syrup phellandrii aquatici comp., Oj.
Potassii bromid., 3ii. M.

This is a favorite prescription of mine in all cases of tubercular effusion, particularly in the first stage. The following is the formula which I use for making the compound syrup of phellandrium aquaticum:

℞. Sem. phellandrii aquatici.
Rad. stillingiæ silviticæ.
Cort. cinchonæ rub., āā. ʒij,
Saac. albæ, ℔ij.
Aquæ bullientis, Oij. M.

The seeds, bark, and roots are to be well bruised, placing them in a proper vessel, add the boiling water, and simmer over a slow fire for twenty minutes; when cold, strain; then evaporate the liquor to one pint, add the sugar, dissolved with a gentle heat, removing any scum which may form; strain the mixture while hot.

To secure a more permanent counter-irritation, the emp. cantharides was omitted, and the *comp. tar plaster* of the Eclectic Dispensatory was substituted. This, by the way, is a most powerful revulsant, and when we wish to keep up counter-irritation for a considerable time, it is far superior to cantharides, tartar emetic, or croton oil.

October 1. Patient has been gradually gaining weight and strength since the commencement of treatment. He now rides five or six miles a day on horse-back; eats with a relish the most substantial food; he has still some cough and expectoration, but no pain in the chest; his pulse is seventy-five in the sitting posture, and respiration twenty-one; percussion still elicits slight dullness under the clavicle. On auscultation, the inspiratory and expiratory murmurs are nearly equal, showing a decided improvement in the functions of the affected lung. Thompson's margin has also disappeared from the gums, and the color of the patient's skin and lips show a marked increase of the red corpuscles in the blood, and the prognosis is favorable. Treatment was continued, with the addition of one of the following pills three times a day:

℞. Quiniæ sulph., gr. xxx.
Ferri sulph., 3j.
Ext. gentianæ, ʒjss. M.
Ft. in pill No. 30.

November 25. Patient called again this day, and to all appearance has regained his wonted health. The resonance of the chest on percussion is quite normal, there being very little difference

between the right and left side. The respiratory murmurs are natural, his cough and expectoration have ceased, his pulse still remains at seventy-five in the sitting posture, has gained some fifteen pounds, and feels able to resume his business.

III.—General Remarks.

Five years have now elapsed since this patient was under my care, and so far as I can learn, he has enjoyed good health ever since. There were several circumstances that pointed out his case to have been one of pulmonary tuberculosis. In the *first* place, Thompson's gingival margin was very clearly defined upon the gums of the lower jaw; *second*, there were numerous withered cells and shrivelled nuclei in the expectoration; and *third*, there was dullness under the clavicle on percussion, and prolonged expiratory murmur; all these symptoms we regard as characteristic of pulmonary tuberculosis. The treatment was based upon this diagnosis. That special virtues are to be attached to the medical agents which were employed, I do not maintain, for we admit no specifics in this malady. But in our hands, at this stage of the disorder, these agents have proved more generally useful than any others that we have ever used. If the reader will take the trouble to investigate their nature and physiological action, he will see the philosophy of their employment, to fill the indications of the case in question.

We should, however, always remember, in phthisis, that medicine can avail but little, so long as the patient is permitted to live in violation of the laws of health. Although my patient had a hereditary proclivity to phthisis, his health would not have suffered if he had been regular in his habits, and attended with proper care to the wants of his physical system. Even when he first became ill, he would have regained his health without a particle of medicine, if he had relinquished, for a season, his business, abandoned his vices, and pursued a course of life more in accordance with the laws of man's physical being. Nothing but the most rigid hygienic regulations can save patients suffering under pulmonary tuberculosis, and these must be insisted on from the very first; and I always make it a rule never to treat a patient of this kind, without his promising the most implicit obedience to such sanitary regulations as I may think it necessary to prescribe. In some diseases, an individual may continue to engage in an unhealthy business, chew or smoke tobacco, drink ardent spirits, and indulge in other vices, and yet, after a time, regain comparative health; but not so in phthisis, here there must be total abstinence from every injurious habit. Physicians have sometimes been astonished at the recovery of tubercular patients, when they have abandoned all drugs, relinquished their in-door confinement, and gone out, as it were, to seek health in the roughest kind of life. But if they would examine this mode of life, they would, perhaps, not find in it half as many violations of the laws of health as in the former.

In phthisis, we sometimes can accomplish much with medicine, when it is well sustained by proper hygienic measures. Our patient, T. M., like many others, was willing to take any bitter drug that we might prescribe. He desired to be cured, but at first was unwilling to renounce those things which lay at the foundation of all his troubles, and were the chief obstacle in the way of his recovery: his sedentary pursuits, his attachment to tobacco, and his abuse of the sexual propensities. To abandon such habits is no easy task. The disorder of man's moral nature is such, that he finds gratification in vicious indulgences. This proclivity in man's mental constitution is frequently a great obstacle in our way of benefitting the afflicted of our race. They are not always willing to relinquish their vicious habits. We prescribe for their maladies, but all in vain. They eke out a wretched existence in this world, die in their sins, and go to perdition in the next.

THE PATHOGENY OF STRABISMUS.

By Dr. F. C. Donders.

Translated from Archiv für Ophthalmologie Bd. ix. 1, for the Medical and Surgical Reporter,

By A. Metz, M. D.,

Of Masillon, Ohio.

This is a continuation of Donders' series of highly interesting papers in the "Archiv," based on his theory of the "Anomalies of Refraction and Accommodation." He defines strabismus to be a deviation from the natural position of the eyes to such an extent that the *maculæ luteæ* of both eyes receive images of different objects. The optic lines do not intersect at the desirable point, only one of the eyes having the proper direction. It is not alone the expression that suffers in the effort of seeing, for want of symmetry of the parts concerned, but at least one eye has its capacity to see disturbed, and the person squinting always lacks the advantages of binocular vision.

Squinting is not in itself a diseased condition; as above defined, it is only a symptom, and a symptom dependent on quite different conditions, which, as such, are connected with other quite different symptoms.

This matter, if it has for a long time been known, has had no practical adoption. To study it, hand-books have been opened, in which a special chapter is devoted to strabismus, wherein all is given that relates to this deviation, and in other

places we find it but incidentally named in the investigation of the causes, all its forms are named, however immense their difference. Is it then strange that the Pathogeny of Strabismus yet remains in the dark?

A few years ago DONDERS recognized an anomaly of refraction, in which the retina, in the quiet eye is found in front of the focus: hypermetrophia. He soon convinced himself. after the slight degree of this anomaly in its latent form was made known to him, that it was the basis of asthenopia, and of *strabismus convergens*, the origin of which to that period had remained problematic.

In 1860, DONDERS published his views on hypermetropia as a cause of asthenopia; that the insufficiency of the *rect. int. muscles*, as stated by Græfe, give rise to a disease, similar in many respects to asthenopia from hypermetropia; but that such cases are comparatively rare. It will be seen that in the investigation of the causes of *strabismus divergens*, that they are often found in connection with myopia. He also called attention to the fact that the greater the breadth of accommodation, the stronger the hypermetropia can be without causing asthenopia, and that therefore the more trifling the later is the asthenopia manifested. Feebleness of accommodation, whether from local or general causes, calls forth asthenopia. More recently he published observations on *paresis* of accommodation after *angina diphtherina* as the cause of symptoms, which, superficially observed, cannot be distinguished from asthenopia following it. This subject engaged his attention for a long time, and he made an effort to determine generally with what anomalies of the eye the different forms of strabismus stand in connection, which he thought would render clear its pathogeny, and in this paper the general results are exhibited. He has adopted the statistical methods of investigation, and special cases are not given. In the two hundred and eighty cases registered, a wonderful degree of patience and zeal is exhibited. The occupation, age, the breadth of accommodation, acuteness of vision, degree of motion, etc., etc., were noted for each eye. He confines himself, however, exclusively to the pathogeny, and more especially to the influence of the refracting state of the eye, as connected with strabismus.

According to the direction of the deviation, it is important to distinguish two forms of strabismus: *strabismus convergens* and *strabismus divergens*. The chief results of the investigations are given under two heads:

1. *Strabismus convergens has its basis mostly in hypermetropia.*

2. *Strabismus divergens is universally the result of myopia.*

1.—Apparent Strabismus.

"When eyes, free from strabismus, are fixed on an object at a finite distance, then the optic lines—the lines passing from the *macula lutea* through the optic center—are parallel. When this parallelism is wanting, then true strabismus exists. But the parallelism may exist, and yet *apparent* strabismus be present at the same time. Our decision as to the existence of strabismus is based on the direction of the corneal axis when fixed on different distances. If now the relation between the corneal axis and the optic lines is an unusual one, then there must be, in properly directed optic lines, apparent strabismus. This apparent strabismus plays an important rôle in the development of the true.

"In normal eyes, on looking at distant objects, the optic lines are parallel, it seems as if the corneal axis must proceed in the same direction. In this, however, we are mistaken. The optic lines in each eye cut the cornea on the nasal side of its axis, and consequently the corneal axes diverge, when the optic lines have a parallel direction. Neither do they both lie on the horizontal plane; but in the vertical projection the deviation is more trifling, and without any important bearing on our present labor, and we will no further dwell on it.

"When we regard the dioptric system of the eye as centered *(centrirt)*, which is always nearly the case, then will the optic lines and the corneal axes intersect in the united optic center; the angle of their intersection we name α; it is situated on the inner side of the optic axis. SENEF discovered the slight deviation of the corneal axes and the optic lines. HELMOLTZ found in three eyes the angle $\alpha = 4° 19', 6° 43'$, and $7° 35'$. The results obtained by KNAPP hardly vary from these. They have also been sustained by my investigations, and even according to two methods. First, the method which KNAPP, I believe, followed after the example of HELMOLTZ, consists in this: that the refracting radius be taken as well in the optic lines, as in a certain number of degrees on its inner and outer sides. A second method I used in connection with Dr. DOYER. We assumed, as we had the right to do, from the results obtained from the investigations of HELMOLTZ, KNAPP and myself, that the corneal axis cuts the cornea in its center. The angle α was found by the determination of the angle between the optic lines and the axis of the ophthalmometer, which was necessary, in order to place a light in this axis, so as to see the flame reflected in the center of the cornea. The reflected image lies in the middle, when at the same time each of its double images touch the border of the opposite double image of the cornea. It was found in this manner, that in more than fifty eyes nearly emmetropic, that, without exception, the cornea

was cut on the nasal side of its axis by the optic lines. A closer determination for fifteen emmetropic eyes gave for the angle *a* as maximum 7°, as minimum 3° 5, medium 5° 082.

"Hence it follows that, in seeing at a distance, the corneal axis of emmetropic eyes diverge about $2 \times 5 = 10°$."

We are not impressed by this condition as a divergence, but rather that it is parallelism. Apparent strabismus is only noticed when the divergence is greater, and by approaching nearer to parallelism we believe to recognise *strabismus convergens*. The former assimilates hypermetropia, the latter myopia.

Even in examinations by the first method, it struck Donders that in individual cases of strong myopia that the maximum curvature of the cornea almost approached the optic lines; the angle *a* was inordinately small. By examination, after the second method applied in seventeen myopic eyes, he found as maximum $5\frac{1}{4}°$, as minimum $1\frac{1}{2}°$, medium some less than 2°. In not less than five of the seventeen eyes even a negative value was obtained; the angle lay on the temporal side of the corneal axis. On the whole, the angle *a* grew less the greater the degree of myopia. The opposite was found in hypermetropia: in sixteen examined eyes the minimum of *a* was 6°, the maximum 9°, the medium 7. 3°. Constant as the difference is between myopia and hypermetropia in this particular, it follows that the maximum of *a* with myopia is overstepped by the minimum with hypermetropia. The determination of the radial curvature of the cornea, as well in the optic line as also 10° outwards, yields in myopia a less value in the optic line, in hypermetropia outwards from the optic line.

A divergence of 10° of the emmetropic eye can make room for a convergence of 3°. Also, for hypermetropia eyes, the deviation is sufficient to be readily noticed: a divergence of 16°, yes of 18°, will not readily be regarded as parallelism. The difference in the position of the corneal axis is indeed of moment to the physiognomy of myopists and hypermetropists.

The direction of the optic line is determined through two points through which it passes the *macula lutea* and optic center *k* (*Knotenpunk*). By increase of the myopia the optic center is further removed from the retina, and even should the deviation between the *macula lutea* and the lengthened corneal axis remain unchanged, then, on account of the greater distance from *k*, would the angle between the corneal axis and optic line become smaller. But a more important agent is concerned here, as is shown in the fact that the angle cannot only become smaller, but negative. This important agent, like *straphyloma posticum*, is the unequal strong expansion of the outer half of the membranes of the hindermost segment. The result of this is, that the optic nerve deviates much more inward from the corneal axis, and that this affects the *macula lutea*, notwithstanding that its distance from the optic nerve becomes greater, and atrophy of the choroid at the border of the optic nerve toward the *macula lutea* takes place. The unequal, strong expansion of the outer side also brings about the approach nearer and nearer of the *macula lutea* toward the point on which the corneal axis is directed, and may even cause it to overstep this point, so that the angle *a* will become negative.

As regards the hypermetropic eye, the greater value of the angle *a* is at first dependent on the shorter distance between the optic centre and the retina; yet, it must in part be sought for in a congenital position of the *macula lutea*, which is located further outward. All seems to point to the fact that the hypermetropic eye is imperfectly developed.

[To be continued.]

Hospital Reports.

Philadelphia Dispensary,
Obstetric Department,
July, 1863.

Clinic by E. A. Spooner, M. D.

Reported by *J. H. Sherk*, M. D.

Ulceration of Cervix Uteri.

Gentlemen:—Ulcerations of the neck of the uterus are such conditions of that organ as have been regarded, by those of our profession who accept the term, as corresponding to a condition which in any other portion of the mucous membranes of the body would receive the same appellation.

That conflicting opinions regarding the pathology of this disease have been as honestly, as strenuously advocated by different physicians, is perhaps less strange than you would at first incline to suppose. For, in as much as early definitions of the term ulcer confine its application to a condition, the cause of which is inherent in the economy, many minds have been taught to reject the term whenever a constitutional derangement was unrecognized, and hence it follows that solutions of continuity in portions of the neck or lip of the uterus, resulting from difficult labors, miscarriages, displacements of the womb, &c., continuing until the abraded or denuded surface becomes studded with unhealthy granulations, and assumes the characteristics of an ulcer, have been denied the term.

Accepting the foregoing description as pertaining to benign ulcerations of the neck of the uterus, malignant and specific varieties would of necessity be conceded, and also the subdivision of acute and chronic.

The causes are constitutional and local. Various abnormal conditions of the system may both predispose and excite ulceration of the cervix, among which stand pre-eminent, the plethoric and anæmic

conditions, together with cancerous and scrofulous diathesis, &c. Of the local causes, should be mentioned the peculiar mobility of the organ, taken in connection with the function of menstruation, labor, both premature and at term, constipation, cold, etc., etc. Indeed nearly all of the numerous causes of debility when subjoined to derangement of the uterine condition or function may be productive of ulceration.

The *symptoms* of ulceration are both general and local, but they are by no means uniform. The constitutional symptoms may consist of pain in the head, chest, abdomen, back and sides, with constipation, impaired digestion, etc., etc. Occasionally pain is referred to the region of the uterus, and at times unusual and uncomfortable sensibility of the part may be complained of. Frequently the discharge from the vagina proves troublesome, which may be either mucous, muco-purulent, or muco-sanguinolent in character.

The *diagnosis* will invariably be dependent on the information gained by the two senses of touch and sight. And no one who has been accustomed to the application of these means in the investigation of uterine affections need err in the detection of whatever variety of ulceration may have possession of the organ, whether benign, malignant or specific.

Case 1.—R. W., aged 30, married, has one child which is now nearly four years old and is quite healthy. She has been an attendant here since July, 1862, and now presents herself to say that she is well. Upon examination per vaginam we find no disease whatever either uterine or vaginal. The notes of the case are as follow:—July 10th, 1862, complains of headache, sore-throat, etc. Menstruates regularly but has other symptoms of uterine irritation, such as leucorrhœa, pain in the back, and pelvis, etc. Examination per vaginam revealed prolapse with ulceration of the cervix uteri, the ulceration was considered simple, although the sore-throat, catarrh, etc., gave rise to the suspicion that she was laboring under constitutional syphilis. The ulcerated part was touched with nitrate of silver and a ring pessary was introduced to correct the prolapse. She returned a week after her first visit, the ring was in position, the condition of the cervix unimproved; the throat continuing sore she was ordered

℞. Hydg. chlo. cor. gr. ij.
Pot. iodid. 3iiss.
Syr. sars. comp. f℥iij.
Aqua. fout. f℥j. M.
Sig. A teaspoonful three times daily with
℞. Acid. nit. 3j.
Aqua. font. f℥vij. M.
As a wash for the throat.

This with tonics constituted the treatment for some months, (the nitrate of silver being applied to the ulcerated cervix about once a week), when the constitutional symptoms were entirely relieved, but the ulceration of the cervix, although less extensive, still remained unhealed. About three months ago the following was ordered:

℞. Pot. iodid. 3ij.
Liq. fer. iodid. f3ij.
Tinct. cinch. comp.
Syrup simp. āā f℥ij. M.
Sig. Teaspoonful three times daily, and this with the almost weekly application of nit. of silver to the ulcer, has been the treatment since, which has resulted in restoring the patient to health.

Case 2.—J. O., who was on a former occasion treated at this institution, and relieved of a series of distressing symptoms, the result of hypertrophy and congestion of the os uteri, presented herself a second time on the 6th of June, last, complaining of an itching of the external genitals, heat in the lower part of her stomach, a white discharge from the vagina, constipation, &c. Her appetite was good, she was nursing and her strength was greatly reduced, she is 30 years old, has had six living children and two miscarriages in ten years, her youngest child was six months old. Per. Vag. Ex.:—Ulceration of os and cervix uteri. Nitrate of silver to the ulcerated surface. A solution of borax with sulphate of morphia as a wash externally with injections of cold water into the vagina has been the local treatment. To improve her general health she took a teaspoonful three times daily, of a mixture containing 1 gr. cinch. sulph. and 10 drops tinct. fer. chlo. to each dose. For the constipation she took the compound infus. of gentian and rhubarb, peculiar to this institution. She is now quite well, her child died a week ago, she has not yet experienced any inconvenience from the check to lactation.

Case 3.—A. S., aged 25, married, mother of two still-born children, confined 8 months ago, menstruates regularly. Leucorrhœa. Pain and weakness in the back. General condition anemic. Came here for the first time on the 27th of June, when a gum-elastic pessary was taken from her vagina, and she was found to suffer from slight prolapse and ulceration of the internal os uteri. She has been here once a week, regularly, since her first appearance. The ulcer has been cauterized, she has taken tonics, (tinct. fer. chlo., cinchonæ, &c.,) freely. White oak bark with tinct. fer. chlo., ℥j. of the former and f3j. of the latter, to the pint of boiling water has been thrown into the vagina twice daily to relieve the leucorrhœa, and to correct the great relaxation of the vagina, upon which latter the prolapse was to a great extent due. Per. vag. Ex.:—The ulcer is greatly improved, relaxation of the vaginal walls still exists. We will continue the treatment.

Editorial Department.

Periscope.

FOREIGN.

Care of the Eyes in the use of the Microscope.

The *Westminster Review* gives the following instructive remarks upon this subject from the valuable work on "The Microscope and its Revelations," by Dr. Carpenter. "Although most microscopists acquire a habit of employing only *one* eye, (generally the right,) yet it will be decidedly advantageous to the beginner that he should learn to use either eye indifferently; since by employing and resting each alternately, he may work much longer, without incurring unpleasant or injurious fatigue, than when he always employs the same. Whether or not he do this, he will find it of great importance to acquire the habit of *keeping open the unemployed eye*. This, to such as are unaccustomed to it, seems at first very embarrassing, on account of the interference with the microscopic image which is occasioned by the picture of surrounding objects formed upon the retina of the second eye; but the habit of restricting the attention to that impression only which is received through the microscopic eye may generally be soon acquired; and when it has once been formed, all difficulty ceases. Those who find it unusually difficult to acquire this habit, may do well to learn it in the first instance with the assistance of the shade just described, the employment of which will permit the second eye to be kept open without any confusion. The advantage of the practice, in diminishing the fatigue of long-continued observation, is such that no pains are ill bestowed by the microscopist which are devoted to early habituation to it. There can be no doubt that the habitual use of the microscope for

many hours together, especially by lamplight, and with high magnifying powers, has a great tendency to injure the sight. Every microscopist who thus occupies himself, therefore, will do well, as he values his eyes, not merely to adopt the various precautionary measures already specified, but rigorously to observe the simple rule of *not continuing to observe a day longer than he can do so without fatigue.*"—*Dental Cosmos.*

Popular Medical Errors.

Certain diseases are generally supposed to be the inevitable lot of children. Most parents think that their children 'are born to have measles, hooping-cough, perhaps even scarlet fever, just as they are born to cut their teeth, if they live.'* That the majority of children *do* have at any rate the first two of these diseases (and that a respectable percentage of them die in consequence) is a fact; but that children *must* have these diseases we know to be an assumption, and a very false one too. Children catch these diseases simply because parents and guardians do not observe those sanitary precautions which will guard them against the contagion. What those sanitary precautions are, no one has shown more clearly and forcibly than that lady whose words we have just quoted.

"Speaking of teething, this reminds us of another popular error. Parents anticipate this period as one apt to be accompanied with more or less suffering, and even danger for their children. So far they are right. But when, as is usually the case, they regard the process of dentition as the *cause* of the diseases and derangements which may happen to coexist with it, they are wrong. It is not so much their cause as their occasion. Teething children are peculiarly subject to these diseases and derangements, not because their teeth are piercing their gums, but because the period of teething is one of active growth and development, and therefore of peculiar susceptibility to disturbing causes.

"Children of tender years, and even tender constitutions, are sometimes made to rough it, as the saying is, *i. e.* to endure exposure to cold, etc., more or less inadequately clad, under the impression that they will thereby grow up all the hardier and stronger. The mistake is a cruel one, and apt to tell most injuriously on the child's health and strength. It generally arises from ignorance of the comparatively small power which children have of resisting cold—in other words, of maintaining an independent temperature. Such a system of child-nurture, if universally adopted and pushed to an extreme, would perhaps not be without its advantages. While the feeble and sickly would generally die, the strong and healthy alone would generally survive; and thus, in the course of a generation or two, supposing the usual conditions of health to be observed, Englishmen would attain a high degree of physical vigor. Perhaps the fondest dreams of the muscular Christain would be soberly realized. The old Romans tried the experiment, and their poets were forever harping upon the *durum a stirpe genus*, which was the result. Of course the means whereby the result was attained never struck them as savoring somewhat of barbarity. Statistics of child mortality were not kept in those good old times.

"Another great physiological truth, ignorance or disregard of which is sure to entail bad consequences is the necessity for children (and adults as well) of a diet always wholesome, but still not too monotonous. Some parents try to rear their children on what they fancy to be a faultless diet. They allow them plenty of bread, milk, butter, meat, and potatoes, but rigidly withold 'trash,' such as pickles and sweets of all kinds, perhaps even fresh fruits and green vegetables. For a time this diet answers well enough, but by-and-by, to their surprise, their children, so far from thriving better, thrive worse than those who have been allowed to eat and drink pretty much what they like. Their diet, in so far as it contained a due proportion of nitrogenous, non-nitrogenous, and inorganic principles, was wholesome enough; but inasmuch as persistence in it did not afford that *variety* of aliment necessary to healthy nutrition, it became positively unwholesome. Dyspeptics and valetudinarians often make the same mistake, and with the same result. They over-diet themselves, lose flesh, get costive bowels, and become hypochondriacal to the last degree.

"There is a host of popular fallacies about different medicinal remedies. We shall consider merely a few of the more important. Camphor and fumigations, such as pastiles, burnt vinegar, the smoke of tobacco, and even of brown paper, still enjoy great repute as deodorizers and disinfectants. The public do not appreciate, first, that such remedies as these do not destroy (*i. e.* chemically decompose) a smell or miasm, but merely overpower and mask it; secondly that even those remedies which *do*, such as charcoal, chlorine, etc., are at best mere makeshifts, the only way to maintain a pure atmosphere being free ventilation and removal of the *cause* of the smell as well as of the smell itself. Such new-fangled doctrines run counter to long-established customs. They are inconvenient truths which rich and poor alike are slow to believe, slower still to act upon. Literally as well as metaphorically, people prefer the time-honored maxim of not stirring stinks. A stink is a nasty thing to have to remove, and the task of its removal is by no means sweetened by the uncomfortable reflection that the nuisance was (most likely) wholly preventable. * * * * * * *

"The vulgar notion that chalybeate medicines cause caries of the teeth sometimes proves a nuisance when we want our patient to continue their use. He is taking steel, and his teeth are 'going'—conclusive evidence to his mind that the steel is destroying his teeth. He suspects us of refining when we try to make him understand that the caries of his teeth depends not upon the medicine but the defective nutrition which it is intended to remedy. The prejudice against calomel, or mercury in any form, on the ground that it ruins the teeth, is much stronger, though scarcely better founded, than the prejudice against steel. A cachectic child, with occasional attacks of gastric derangement, is ordered occasional and appropriate doses of calomel; at the same time its teeth happen to be 'going'—just as they 'go' in similarly ill-conditioned children who may have never taken a grain of calomel at all. Mamma and nurse, as a matter of course, denounce the calomel as the cause of the caries, blame the doctor for prescribing it, then perhaps takes the child to some ill-educated dentist, who is pretty sure to confirm their groundless and unjust assumption. Or again, perhaps (a most improbable supposition) the calomel has been really abused, and given to such an extent that the gums have sloughed, the teeth loosened, and some of them even dropped out. Surely here, they will say, is pretty conclusive evidence that calomel *does* ruin the teeth. But the truth is that these teeth are not necessarily unsound. Often they are not decayed at all. They get loose and drop out, just as they do in old age, because there is not gum-substance enough to hold them in—with this difference, however, that the loss of support is due in old age to atrophy; in over-salivation, to actual destruction of the gum-substance. That calomel, if given in excessive quantity, will cause salivation, and that in profuse salivation teeth are apt to be lost, no one can be foolish enough to deny: we simply maintain that in the loss of the teeth calomel has by no means that direct agency which is popularly attributed to it."—(*Med. Times and Gaz. and Dental Cosmos.*)

* Miss Nightingale's "Notes on Nursing," p. 20, 1st ed.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SEPTEMBER 19, 1863.

PREMIUMS FOR NEW SUBSCRIBERS.

In response to frequent suggestions we have determined to offer strong inducements to subscribers to aid in extending our circulation. There is no way in which a physician can spend money to better advantage than in the purchase of books. Subscribers will add ONE DOLLAR'S WORTH OF BOOKS *to their libraries hereafter, for every new subscriber they send us with the subscription money in advance for a year.* The books will be sent by mail, postage paid.

Those who send new names will please designate any book or books they wish, provided only they are published in this country, to the amount of one dollar for each new name sent with the subscription for a year in advance.

For any effort made by our subscribers to extend the circulation of the REPORTER they will be well repaid in the improvements it will give us the means of making in the work. The REPORTER is already the most widely circulated medical journal by far in the United States, but we are anxious as speedily as possible to double its circulation that we may be enabled to add correspondingly to its interest and usefulness.

We will shortly publish a list of the more important medical books published, from which selections may be made.

NEW YORK MEDICAL COLLEGE—Announcements.

In a recent number of the REPORTER, in a notice of the resignation of Prof. CHAS. A. BUDD, of his professorship in the New York Medical College, the reason assigned for his retirement was that the classes were so small. The item was inserted during the temporary absence of the editor from home, and no one was more surprised to see it than he. We are glad to be able to say that no such reasons influenced Dr. BUDD in tendering his resignation. The New York Medical College has an able Faculty and is doing its full share of the Medical teaching of New York. Several changes have taken place recently in this College. Dr. BUDD has been called to the chair of Obstetrics and Diseases of Women, in the University of New York, recently vacated by Dr. BEDFORD. It is expected that his place will be filled by the appointment of a well known instructor in New York. Dr. CARNOCHAN was compelled by his private interests to resign, and Dr. J. V. C. SMITH has gone to New Orleans. His place is filled by Dr. D. S. CONANT—a very decided gain.

In saying this much, however, we must not be understood as exonerating the New York Medical College from all blame in this matter. It is the business of Medical Colleges to send us their announcements, so that we may know what to say in regard to them. Scarcely half the Medical Colleges in the country think it worth their while to trouble us with their announcements, even the two colleges in this city being derelict in this respect. Under such circumstances, we can hardly be held entirely responsible when we happen to fall into error when speaking of a medical college. It is our earnest desire to encourage in every way in our power every legitimate and proper effort to advance the interests of medical teaching in every part of the country, and we never will knowingly lend our widely extended influence to injure the prospects of any educational enterprise. At the same time, we have our rights, and among them is the means of knowing whether an enterprise exists, and what its claims are on the medical public. We are frequently asked by subscribers for information in regard to this, that and the other medical college, what their text books are, etc., and are always glad to give such information as we are possessed of, but certainly cannot be expected to give information if the colleges do not think it worth while to provide us with the means.

FOREIGN CORRESPONDENCE.

At a very heavy expense we have effected a permanent engagement for a regular weekly foreign correspondence. Several letters from our correspondent have already appeared in the REPORTER, and subscribers can see that his abilities are of a high order. Dr. CÔTE will present in his letters a brief resumé of new ideas in the practice of medicine and surgery, so far as they are practical and useful, that may be taught in the hospitals of Europe. For some months Dr. CÔTE will remain in Paris, and then he will probably go to Edin-

burg, or some other of the centres of medical education in Europe, and spend several months. In this way the readers of the Reporter will be kept promptly apprized of the progress of medical and surgical ideas in Europe in a very condensed and attractive form.

SENSIBLE ADVICE TO SOLDIERS.

We know nothing of Gen. Carrington except that he is an officer of the United States Army. From the testimony before us, which we quote below, we judge him to be a good and a sensible man, and we dare guess—a brave one.

In view of the temptations that surround the soldier in regard to his morals and his health, we can scarcely conceive it possible to put more appropriate and profitable advice to him in fewer words than Gen. Carrington has done in these remarks. If our army would but follow such advice, their "morale" would be such that in the hyperbolic language of Scripture, one could "chase a thousand, and two put ten thousand to flight." We give the speech in full.

"I soon leave you—do not expect a speech. I am a man of few words; they will seem homely, but they are the result of experience. First, avoid profane speech. He who is the God of battles, and holds the issues of life, should be revered, if you would have His blessing. The man who honors His holy name is a true soldier; he fears not to die, because he is prepared for the issues of death. Temperance is the next virtue. The best stimulus to the soldier is his coffee. Liquors are temporary, and bring relaxation, and they also involve bad habits. Water should be used frequently, but in small draughts—too much water at a time involves perspiration, and weakens the body. Drink it often, but always in moderation. Be chaste and truthful. Be as good citizens in the service as out of it. Bathing is important; keep clean. If your feet are sore after a march bathe them in soft water, and you will be fresh in the morning. In closing, let me say that nothing pains me so much as to see a soldier who forgets his duty as a citizen and a Christian. Be so pure that your wives and sweethearts will honor you every step of your progress as a soldier. If we meet again it will be my pleasure and duty to serve the country with you; if not, be true to the flag, and your country will honor you. To yourselves, all I have to say after two days' drill is, I am satisfied. Take that as a soldier's good-bye."

Notes and Comments.

Postage.

The new postage law bears quite heavily upon us. Our transient postage is doubled in amount, and we are charged with postage on matter that has heretofore gone free of cost to us.

Correspondents will please observe in prepaying their letters, that they put enough stamps on to cover the postage, otherwise their prepayment counts as nothing, and we are charged *the full amount*. For instance—a three cent stamp is put on a letter, and is insufficient to pay the postage, which is six cents. The three cents is not counted at all, and the whole amount of six cents is collected of us. There must be a serious defect, it seems to us, in a law with such a provision as that. But it is a new law, and it is fair to presume that defects will be remedied.

Subscribers must bear in mind that it is necessary to send stamps to prepay postage on back numbers that have been issued from the office.

Parched Corn Meal.

Some time since we spoke of the use of parched corn meal by the Indians, and by hunters and travelers in the West, and recommended it as a useful addition to the army ration. The *American Agriculturist*, in noticing our article says:—"The preparation described above, forms under the name of Pinola, a large share of the rations of the Mexican army, and is much used as an article of food by the Mexican people generally. When traveling in that country, it often was our principal food. We have often wondered why it was not introduced into our army, for the use of detached expeditions; it is very nutritious and requires no cooking; stirred with a sufficient quantity of water to form a kind of gruel, it satisfies both thirst and hunger."

Correspondence.

FOREIGN.

LETTER FROM Dr. W. N. COTE.

Paris, *September 3d*, 1863.

A New Bulbous Plant.

M. Quihon, head gardener of the Zoological Garden in the Bois de Boulogne, has, in a letter addressed to the director of that establishment, described a new bulbous plant sent over to him from the West Indies by an intelligent traveller, M. Alexandre Cochet. The plant is called *Bacooarooroo*, or *Beeabeaty*, or *Mootakoo* by the Indians, and exercises a salutary effect on the kidneys. The specimens sent over to

Paris in June, 1861, were planted partly in the open air, and partly in the hot-house—but a winter's experience soon showed that the plant could bear the climate of Paris quite well. In the following spring the bulbs were taken out of the earth, and stripped of the shoots, which had made their appearance around the neck. These shoots serve to propagate the plant, which, according to M. COCHET, besides its medicinal properties, possesses the not less important one of containing more sugar and of a better quality than the beet-root. From M. QUIHON'S experiments it appears that one hectare (2½ acres,) will yield 120,000 lbs. of this bulb, which has been provisionally called "Cochet's Earth Pear." The only protection it requires during winter is a layer of leaves, from three to four inches thick.

Putrefaction.

M. PASTEUR published not long ago a paper on putrefaction. He is of opinion that the common definition of this word, namely, a state of animal or vegetable matter, in which it undergoes a spontaneous change and emits fetid gases, is incorrect, inasmuch, as it tends to confound certain phenomena with others essentially distinct from them, and, on the other hand, excludes others which have the same origin. His labors on fermentation having shown that this chemical action is produced by certain animalcules, he now extends this principle to putrefaction, which he ascribes to a certain kind of vibrio, which can live without free oxygen. This subject, you see, is a very extensive one, and I shall probably be obliged to advert to it again.

Does Smoking Produce Cancer of the Lip?

The *Social Science Review* contains an article by Dr. RICHARDSON on the question whether smoking produces cancer of the lower lip. It has been observed unquestionably of this cancer that it occurs frequently in persons who smoke short pipes, and that it breaks at that part of the lower lip where the pipe produces an impression. Here, therefore, we may, without hesitation, assume that smoking excites the cancerous disorder—but this exciting cause, according to Dr. RICHARDSON, is indirect in its action, inasmuch as it is connected with the pipe and not with the tobacco—for it has been found by experience that the mischief does not become developed in cigar smokers, nor even in those who smoke pipes having a smooth surface, and which are of sufficient length, and as a consequence are cool,—but that the accident happens mainly from the use of the short cutty pipe, which is held very firmly in the lips without any support from the hand, and conveys to the lip considerable heat, amounting sometimes almost to pain. "Those who are opposed to tobacco," says the author, "will naturally accept the above fact as a condemnation of the weed. Those who advocate tobacco, on the other hand will assert that the statement if true tells nothing against tobacco itself, but simply against an objectionable way of using it, and I confess that this latter view of the subject is the one with which I should agree." The Doctor then goes on to say, that whenever the pipe brings out the disease, there existed in the person affected a strong predisposition which would, almost to a certainty, become developed in some one part or other of the body, if it did not break out in the lip. Under such circumstances the life of the sufferer will be considerably lengthened or shortened, according to the point at which the disease manifests itself, and if there is one point of the body more favorable than another for the development of cancer, it is the lip, and if there is one form that is more open to cure by operation than another, it is the epithelial cancer, which occurs in the lip. Hence the Doctor thinks that in the run of cases it may rather be an advantage than otherwise that the cancerous disease should be thrown out at a spot where, for a time at least, it may drive the development of the fatal growth from more vital organs, and where, in extremity, it lies within the reach of treatment, and even of cure.

A Surgical Operation,

somewhat resembling that recommended for GARIBALDI by M. NELATON, was lately performed, with complete success by Dr. MANEC, of the Charité hospital, assisted by Dr. LEON BELLIOL, on the person of M. LAVENNE, belonging to the Emperor's household. M. LAVENNE was one of the victims of the terrible explosion at the opera-house on the 14th January, 1858. He was carried immediately to the Charité, and remained there several months, and during three subsequent years he visited various watering places without obtaining a perfect cure. There still remained a swelling in the right thigh, which, to the doctors appeared to indicate a fragment of the bomb buried in the flesh. They in consequence determined on an operation, and succeeded in extracting a small fragment of cast iron. The patient is now relieved, and the wound in prospect of healing.

Vivisections.

That our knowledge in physiology has been immensely increased by painful operations upon living animals, is true—but it is equally true that this advantage is not so much due to the practice of vivisections, as to the genius and profound knowledge of the eminent men who have had recourse to that cruel method of investigation in order to verify certain theories previously suggested to them by their experience and vast scientific attainments. But when every student, every beginner, thinks he has a right to torture a poor beast, merely for the sake of his own particular instruction, the matter becomes serious enough to require the intervention of the police authorities. The *Abeille Médicale*, in taking this view of the case, states that the Rues Racine and Monsieur le Prince have become uninhabitable on account of the cries and the howls of the poor dogs submitted to daily torture by the medical students who live in that quarter. The question, it is said, will shortly be brought under the notice of the Academy of Medicine.

Laurel leaves in the treatment of Indolent Ulcers.

Dr. JULIA, a surgeon in the French army, states that in the case of simple but obstinate sores, which

do not suppurate sufficiently, assume a pale marble like color, and show no tendency to heal, he has obtained excellent effects by the application of laurel leaves, (*Laurocerasus*) between two pieces of very fine linen on the sore. Immediately on the following day he finds the suppuration more active, every day the leaves are changed, and the sore soon acquires a satisfactory rose-colored aspect as a preliminary step to its cure.

Treatment of Pneumonia.

Dr. Delion de Savignoe announces that he has cured obstinate cases of pneumonia, with delirium, by administering the pure acetate of ammonia in doses of 20 and even 60 grammes in a potion sweetened with a syrup of tolu. A gramme, you are aware, is equal to 20 grains.

Oxygenized Water.

M. F. Duprey proposes a new process for obtaining oxygenized water. It consists in making a very rapid current of carbonic acid pass through distilled water, and throwing in at intervals a small quantity of bi-oxide of barium finely powdered. Carbonate of barium is thus produced, and the oxygen released is absorbed by the water.

Hydrated Peroxide of Iron.

The hydrate of peroxide of iron, when recently prepared is light and flaky, and in this state easily combines with arsenious acid, in consequence of which it is used as an antidote for the latter. But it often happens that after a certain time this hydrate changes its nature, and becomes hard and crystalline. In this state it loses the property of combining with arsenious acid, and consequently that of neutralizing its effects. Dr. Leroy having investigated the matter shows that when the hydrate is kept in a place the temperature of which never falls below 1.2 degrees C. (about 55 degrees F.) it preserves its original state indefinitely. He has some which has been kept ten years in a well lighted place, the temperature of which is generally above the limit above stated, and he has ascertained that it possesses all its properties unimpaired.

Carbonic Acid in the Atmosphere.

M. Mine lately sent to the Academy of Sciences a paper on the quantity of carbonic acid in the air, showing that it does not exist in the same quantity throughout the year. During the months of December and January the quantity of carbonic acid remains nearly the same; it increases in February, March, April, and May, and diminishes during the three months of June, July, and August; after which it increases again from September to November, the maximum of the year occurring in October. During the night there is more carbonic acid than in the day time, the maximum quantity during the day occurring at noon. After a shower the quantity of carbonic acid always experiences an increase.

A Singular Case.

Here is a very singular case. Dr. Champeaux, a surgeon in the French navy, was consulted in 1827, by a cavalry officer, M. Elophe, about a small sore which he had in the nape of the neck since June, 1815. This sore would sometimes heal, and remain closed for about a week or so, but at the end of that time it would again become painful, then open and suppurate as before, and so on. M. Elophe had belonged to the old guard, and at the battle of Waterloo charged the British cuirassieurs, but was hit on the breast by a fragment of a howitzer shell, and fell insensible from his horse. He was just coming to himself again when the grenadiers, driven back by the lancers, passed by him, and the latter seeing he was not dead, wounded him in several places with their lances, one of these wounds was inflicted on his neck. Repulsed in their turn, the lancers passed over him again, and the grenadiers seeing him attempting to get up, carried him to the rear, where his wounds were dressed. Since then he had always been afflicted with this fistulous sore.—On probing it Dr. Champeaux felt something hard at the bottom, and soon discovered from the sound that it must be a metallic fragment, most probably of a lance. The extraction was resolved upon, and succeeded; the extraneous body extracted was found to be one of the thin brass scales which cover the straps of a helmet or grenadier's cap, and which had been violently forced into the wound by the lance. This inconvenient guest had remained in for eleven years, the wound got well and M. Elophe only died this year, and therefore survived the battle 48 years, and the operation 36.

New Treatment of Epilepsy and Paralysis.

The *Medical Times* publishes an account of a curative treatment by Dr. Chapman, of epilepsy and paralysis, and all diseases depending on the circulation of the blood so far as that is affected by the sympathetic nerve. He stimulates and depresses the sympathetic and cerebro-spinal nervous systems at will by applying heat, or ice in india-rubber bags, to the back of the head and the ganglia, and contends that the treatment produces permanent cures. If such be the case it is one of the most remarkable discoveries of medical science.

The medical school in this city has now closed its summer session.

Army and Navy News.

Change of Surgeons.

Dr. Edward Shippen, U. S. V., has been appointed Surgeon in charge of the Hospital at Twenty-fourth and South streets, in place of Dr. Paul B. Goddard, U. S. V., relieved.

Naval Orders.

Assistant Surgeon H. P. Babcock, detached (sick) from the Wabash, and waiting orders.

Assistant Surgeon Archibald C. Rhoades, detached from the Pocahontas, and waiting orders.

Assistant Surgeon Chas. H. Burbank, granted permission to appear for examination for promotion.

Insane Soldiers.

Surgeon-General's Office, Washington City, D. C., Sept. 12, 1863.—Circular No. 16.—The attention of all Medical Directors is especially called to paragraph 169, Revised United States Regulations, and section 2, General Orders, No. 98, dated headquarters of the Army, Adjutant-General's Office, Nov. 13, 1861, in regard to the disposition to be made of "insane soldiers."

No insane soldier can be discharged the service on Surgeon's certificate of disability.

JOS. K. BARNES, Acting Surgeon-General.

Enlisted Men Employed in Hospitals.

Surgeon-General's Office, Washington City, D. C., Sept. 14, 1863.—Circular No. 17.—Medical Directors are hereby instructed that, in obedience to an order from the War Department, *all* enlisted men of the regular regiments, excepting Hospital Stewards, now employed in hospitals, must be at once sent to their respective regiments. By order.

CHAS. S. CRANE, Surgeon U. S. Army.

A Surgeon Reinstated.

SHERMAN MORRIS, late Assistant Surgeon of the Second New York Cavalry, whose appointment was revoked by Special Order No. 175 current series, is hereby restored to his regiment, with pay from date of rejoining it, provided the vacancy has not been filled, and that the regiment is not deprived of one Assistant Surgeon under the requirements of General Order No. 182 of the War Department.

Examining Board.

Surgeon J. M. FOLTZ ordered to Newport, R. I., as presiding officer, and Surgeon WM. LOWBER as a member of the Medical Board for the examination of candidates for admission to the navy as Midshipmen.

On Furlough.

Dr. W. W. L. PHILLIPS, formerly of Trenton, N. J., now Division Surgeon of Gen. GREGG'S Cavalry brigade, reached Trenton on Monday morning, on a visit of two or three weeks among his friends. Dr. PHILLIPS has been suffering from an attack of remitting fever but is now convalescent, although still weak.

Medical Attendance on Officers.

A contract has been entered into with Dr. E. LEE JONES, No. 12 West Thirty-fifth-street, New York, for medical attendance upon the officers of the regular army stationed in New York City, who may require his services during the absence and detail of Surgeon J. F. HAMMOND, U. S. A., on other duty.

News and Miscellany.

Increased Value of Opium.

The last sale of opium in Calcutta during the month of January realized £450,000 against £350,000 in December. It is a remarkable fact that an increase of 1000 chests a month has not lowered the price, though the December rate was £30 a chest above the price estimated by Mr. Laing.

Muscular Electricity.

RANKE, the German physiologist, has published, amongst the results of his investigations into the phenomena of electric currents in the muscles, the fact that dead muscle is a much better conductor of electricity than the living muscle, because, as he judges, of the presence of certain products of decomposition which do not appear till after death.—*Lancet.*

Fire-Proof Dresses.

In noticing the death of a lady from her clothes taking fire, the *London Standard* says: "It should be universally known that either of these three substances—phosphate of ammonia, sulphate of ammonia, or tungstate of soda—may be mixed in the starch at the cost of a penny a dress, so as to render it impossible to consume the fabric by burning, except by a slow process of smouldering, which, of course, would be harmless. The sad instances of destruction of life in this terrible manner should call attention to the above preventives."

Fossil Remains.

A cavern, similar to those found in England and on the continent, containing osseous remains of men and of lower animals, has recently been discovered and explored at Poltallock, Argyleshire, Scotland. The contents consist of the remains of men, of other animals, and shells of edible shell-fish. The only article of manufacture found in it was a small flint-flake; and the only domestic utensil was a scallop-shell, or *pecten maximus*—the shell used by the ancient Celts as a drinking vessel. The cavern was evidently used as a place of residence, for beneath the cave stuff, or *débris*, were found ashes, bits of charred wood, and bones, a flint pebble for striking fire, and stones, which, from their form and position, seemed to have served for seats. When first discovered, the human remains were supposed to have been those of persons who had fled there for shelter when the adjacent country was laid waste by fire and sword during the ruthless raid of ALISTER M'COLL CITTO. The absence, however, of metal weapons and culinary vessels—both which were of universal use in the days of this scourge of Argyleshire, and which undoubtedly would have been conveyed by the refugees to their place of concealment—and the presence of celts and scallop-shells, seem to disprove this opinion, and to point to a much higher antiquity for its inhabitants. What seems to confirm this opinion is the fact that many of the bones, teeth, and shells are as firmly imbedded in a calcareous matrix as are the fossil remains in the lias and carboniferous limestone.

London Bread.

London bread, judging from the manner in which the bakeries are kept, can hardly be the most palatable or the most wholesome of food. Mr. TREMENHEERE has lately made a report on the condition of the bakeries, which is likely to create a strong distaste against shop-bread. A London paper writing of the shop-bread says "it was prepared in a loathsome, underground den, reeking with filth and vermin; the hands with which the dough was mixed were dirty; and the exertion of handling heavy masses of leavened flour in a close, unventilated bake-house caused the perspiration to roll off the arms and face of the workmen in streams into the trough. The board on which the dough was laid preparatory to its being fashioned into loaves, had served but a few moments before, with a filthy sack thrown over it, as the temporary couch of a journeyman baker, to whom personal ablution was a stranger." To fill up this picture of horrors, there is one bakehouse at the West End in which the space between the kneading-trough and the wall was used for a nameless purpose.

DU CHAILLU, the celebrated traveller and naturalist recently left London and returned to Africa.

ANSWERS TO CORRESPONDENTS.

☞ *Correspondents will please notice our reiterated request to give their full address in their communications to us. Our correspondence is very extensive, and it is necessary for us always to know the Town, County and* STATE *from whence their letters are sent.*

Dr. G. C., Kentucky.—Da Costa's Medical Diagnosis is not yet published. It is in press, and will be issued shortly, when we will inform you of the price.

Dr. F., Philadelphia.—You will observe in this number that our foreign correspondent has spoken of CHAPMAN'S method of treating epilepsy and paralysis. We have requested him to write further on the subject if he finds it worthy the attention of the profession.

OBITUARY.

DR. THOMAS MCHENRY.—The Key West correspondent of the *New York Daily Times*, contains the following tribute to a Volunteer Surgeon in the Navy.

Among the very many cases of self-sacrifice and devotion to country which this war has presented, there is none more deserving of notice than that of Dr. THOMAS MCHENRY, of Chester County, Pa., Acting Assistant-Surgeon in our Navy, who died in this city last month. Dr. MCHENRY arrived here in August, 1862, in the height of the yellow fever season, when strong men were prostrated and carried to their final home in twenty-four hours. He was at once ordered to duty on the steamer *Huntsville*, where his first visit was greeted with the corpses of two young officers of that ship, Surgeon and Paymaster, who had died the previous day. Several of the crew were down with the fever; and amidst this did this young man devote himself to duty as only those do who have offered up their lives on the altar of their country. Much demand was made upon his time by the Fleet Surgeon, Dr. HORNER, on the flagship *St. Lawrence*, where a large number were sick and dying with the fever. His devotion amid these arduous and heavy duties was such that his fellow officers felt compelled to remonstrate with him and require that he should take more care of himself. Providence spared him through those scenes of death to periods of greater calm and restored healthfulness. He was subsequently attached to the schooner *Wanderer*, commanding and retaining the liveliest sympathies of his many friends. Of a retiring and modest disposition, he was the true hero, meeting difficulties and dangers with no motive but a discharge of duty. His death occurred at the Naval Hospital, whence his remains were attended to their resting place by a numerous concourse of his brother officers and his friends.

MARRIED.

DYER—KEMPTON.—In Norwich, Conn., September 9th, by Rev. W. C. Doane, Dr. Ezra Dyer and Miss Lucy M. Kempton, both of Philadelphia.

FRETZ—ROBERTSON.—In this city, September 15th, by Rev. Albert Barnes, Dr. A. N. Fretz, of Warwick, Pa., and Miss Emmie A., daughter of the late Thomas Robertson, Esq., of Philadelphia.

HURST—OBERHOLTZER.—In Lancaster, on Tuesday, September 15th, by Rev. Mr. Chubb, at his residence, M. W. Hurst, M. D., from Earlville, and Miss Hallie Oberholtzer, from Fairville, youngest daughter of John Oberholtzer, Esq., both of Lancaster County, Pa.

MARTIN—DOWNS.—On the 15th inst., by the Rev. J. Addison Henry, Dr. R. A. Martin, of Harrisburg, Pa., and Isabella, only daughter of Mr. Thomas Downs, of West Philadelphia.

PERRY—BUSH.—At the residence of the bride's father, on Wednesday evening, September 9th, by Rev. J. M. Perry, Mr. S. O. Perry, of Lower Providence, Montgomery County, Pa., and Miss Carrie B., daughter of Dr. A. Bush, of East Coventry, Chester County.

SWAN—KENDALL.—In Longwood, on Tuesday, September 8th, by Rev. J. Lewis Dimon, Charles Y. Swan, M. D., of New York, and Elizabeth Lawrence Kendall, of Groton, Mass.

DIED.

MCCALL.—Of membranous croup, on the 27th ult., Anna, infant daughter of Dr. J. H. and Cynthia M'Call, of Cumberland, Ohio.

Of diphtheria, on the 1st inst., Ida, only daughter of the above named parents, aged 4 years.

PFEIFFER.—On the 14th inst., from disease contracted in the army, Dr. P. C. Pfeiffer, of Lebanon Co., Pa.

TYLER.—In Frederick, Md., on the 9th inst., of paralysis, Dr. William Bradley Tyler, in the 76th year of his age. Dr. Tyler was for forty years a practising physician.

VANDERVOORT.—On Thursday evening, September 17, after a lingering illness, James C., youngest son of John L. Vandervoort, M. D., in the 15th year of his age.

METEOROLOGY.

September	7,	8,	9,	10,	11,	12,	13.
Wind.....	E.	N. E.	S. E.	E.	S. E.	S. W.	E.
Weather....	Clear.	Cl'dy.	Clear.	Clear.	Cl'dy.	Cl'dy. Shw'r	Cl'dy.
Depth Rain...					2.10		
Thermometer							
Minimum.....	63°	61°	62°	55°	48°	56°	63°
At 8 A. M.....	71	69	72	61	58	68	69
At 12 M.....	80	77	72	71	71	75	74
At 3 P. M.....	77	80	72	68	71	78	70
Mean.....	72.7	71.7	69.5	63.7	62	69.2	69
Barometer.							
At 12 M.....	30.2	30.2	30.2	30.4	30.3	30.1	30

Germantown, Pa. B. J. LEEDOM.

VITAL STATISTICS.

	Philadelphia. Week ending Sept. 12.	New York. Week ending Sept. 14.	Baltimore. Week ending Sept. 14.	Boston. Week ending Sept. 14.	Providence. Month of August.
Popl'n, (estimated.)	580,000	950,000	240,000	180,000	52,000
Mortality.					
Male	163	269	64	...	80
Female	160	218	55	...	78
Adults	130	198	44	...	54
Under 15 years	188	283	...	...	68
Under 2 years	132	212	48	...	158
Total	323	487	119	...	...
Deaths in 100,000	55.60	51.24	49.58	...	303.84
American	260	322	...	...	126
Foreign	52	165	...	...	32
Negro	14	8	10	...	6
ZYMOTIC DISEASES.					
Cholera, Asiatic	...	...	...	...	1
Cholera Infantum	29	54	20	...	35
Cholera Morbus	1	3	...	...	4
Croup	13	15	6	...	2
Diarrhœa	7	37	...	...	11
Diphtheria	11	10	3	...	...
Dysentery	10	6	1	...	25
Erysipelas	4	2	...	...	1
Fever, Intermittent	1	...	...	...	...
Fever, Remittent	2	2	...	...	...
Fever, Scarlet	3	4	7	...	...
Fever, Typhoid	4	8	7	...	3
Fever, Typhus	...	8	...	...	4
Fever, Yellow	...	...	...	...	...
Hooping-cough	6	2	...	...	...
Measles	1	2	...	...	1
Small Pox	...	2	1	...	...
Syphilis	...	2	...	...	...
Thrush	...	...	...	...	1
SPORADIC DISEASES					
Albuminuria	...	2	...	...	...
Apoplexy	4	10	...	...	1
Consumption	33	10	21	...	10
Convulsions	12	26	1	...	9
Dropsy	5	5	4	...	...
Gun-shot Wounds	3	...	...	...	...
Intemperance	2	7	...	...	1
Marasmus	26	54	...	...	1
Pleurisy	...	...	...	...	...
Pneumonia	...	...	...	...	2
Puerperal Fever	1	2	...	...	...
Scrofula	1	1	...	...	...
Sun Stroke	...	...	1	...	1
Violence and Acc'ts	13	21	...	...	5

* Under 5 years.

TO CORRESPONDENTS.

For the information of those who are not authors, we will state that MANUSCRIPT INTENDED FOR PUBLICATION MUST BE WRITTEN ON BUT ONE SIDE of the sheet. If greater care was taken in the preparation of copy, much trouble would be saved to printers, and mistakes would rarely or never be made.

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THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Lectures.

DEFORMITIES OF THE NECK.

By Prof. Louis Bauer, M. D.,

Of Brooklyn, N. Y.

The cervical region is likewise subject to deformities. In most of them the head is temporarily or permanently drawn out of its perpendicular. Extensive burns bring about such results. Inflammation of the spinal apparatus and its pathological consequences disturb more or less the position of the head. Next, there happens a congenital deformity of the neck known by the term of wryneck—obstipitas capitis, or torticollis. And lastly, convulsive affections of the cervical muscles occur, commonly emanating from some affection of the spinal cord, which incessantly disturb the symmetry and position.

The two former we have already discussed on a prior occasion. We shall therefore limit our remarks to the two latter.

Wryneck—[Torticollis.]

This deformity is commonly of congenital origin, and consists of a permanent contraction of either of the sterno-mastoid muscles. We have seen but two instances of contraction of both those muscles, but had reason to believe them to be acquired by resp. inflammation of the cellular and muscular structures themselves, and that of the cervical portion of the spine. The latter, observed in a boy of 14 years, the spondylitis had entirely subsided but the consecutive muscular retraction had remained. In one case the scaleni muscles on one side were concerned in the deformity, and the sterno-mastoid free from contraction. And in quite a number of cases only the clavicular portion of the latter was implicated.

In the ordinary species of torticollis we have therefore to look upon the contraction of a single sterno-mastoid muscle as the proximate cause of the trouble, but know very little about its remote causation.

From analogy we may infer that morbid centrifugal innervation lies at the bottom, and we find therefore simultaneously other symptoms of kindred nature, as for instance, congenital strabismus, and the characteristic attenuation to the extent of the nervous province concerned.

In high graded cases of torticollis the deformity is very considerable and extends to the spine and the thorax.

The little girl which we operated upon in your presence to-day, cannot be set down as an aggravated case. She was too young for that. It is with torticollis as with clubfoot, age renders them worse. The diagram (fig. 81,) represents a further

Fig. 81.

advanced state of wryneck, and you notice its effects upon the frame.

First, it may be seen that the points of insertion of the right sterno-mastoid muscle approximate each other, and its tensity is exhibited by the prominence of its attenuated belly. The right side of the head is thereby drawn forward and toward the shoulder. The face is turned left, and the chin stands above the left side of the thorax. The right side of the face and neck is obviously atrophied, and the line of the palpebral margins slanting from the left to the right. The thorax seems to be, and actually is twisted on its axis from left

to right, and lifted upward. If you fix the thorax of such a patient and attempt to turn the head in the opposite direction, the contracted muscle becomes still more prominent and the patient experiences keen pains. And on the other hand, if the patient occupies the recumbent position, and the head is suffered to be placed on a level with the trunk, the thorax is drawn up and to the right, causing considerable and often so intense pain as to disturb the rest of the patient. In this way, we presume, the torsion of the thorax is effected, and in order to obviate this aggravation, the head should be well supported during sleep so as to relax the retracted muscle.

In viewing the same patient posteriorly (fig. 82,)

Fig. 82.

you can readily observe that the spine has assumed a serpentine line, being latterally convex on the left of the cervical, on the right of the thoracic, and not seldom again convex on the left of the lumbar portion of the spine. Sometimes there is but a single latteral curvature, comprising the two upper thirds of the entire spine, with corresponding elevation of the scapula and ribs of the convex side. These indeed inevitable deviations of the spine and the thorax disappear with the wryneck, and thus demonstrate again the correctness of our former observation, viz.: that a specifically mechanical disturbance of the centre of gravity cannot exercise any lasting effects upon the perpendicular of the spine.

The essential symptoms of wryneck are about the same, whether occasioned by contraction of the sterno-mastoid or one or the other of the scaleni muscles. From a comparison of the relative power and leverage of those muscles, it is obvious that the degree of torticollis must be greater when the sterno-mastoid muscle is the seat of the difficulty.

As an usual thing, wryneck is both congenital and permanent. This rule is, however, not without its exception. Inflammation of one of the sterno-mastoids, or any other of the rotatory and flexor muscles of the head will, at least temporarily, give rise to symptomatic torticollis; and affections of the cervical portions of the spinal cord is occasionally ushered in by the same symptoms. We mention those instances merely as points of theoretical interest, but inasmuch as their treatment lies in a very different direction from the ordinary form of wryneck we do not intend to occupy your time at this juncture.

If both sterno mastoids, or the scalene muscles on both sides, are shortened, the head is of course directly inclined. That deformity cannot be properly termed torticollis, nor double wryneck, as has been suggested. Inclination of the head would seem preferable.

The *prognosis* of common torticollis is favorable. Ever since the introduction of tenotomy, that deformity has been manageable. Nor are the consecutive effects of torticollis formidable obstacles to perfect restoration of the normal form; at least we have found them so in our practice. In advanced cases of long standing, the spinal deformity may possibly have become so rigid as to admit of no material amelioration, but such instances are exceptions from the prevailing rule.

The *treatment* of wryneck is either mechanical or operative, or both conjointly.

The mechanical treatment is admitted only in very slight cases of torticollis; it requires a long time to accomplish but little, and is generally too inefficient to be exclusively relied upon. Yet we have succeeded in two cases, and in a third that is now under our charge we hope likewise to succeed. The last we take occasion to exhibit to you. You perceive that the head of the little patient deviates but moderately, and that with some aid we have no difficulty to give it its normal position. But that habit has nothing to do with the existing deformity, can be readily demonstrated by the retraction of the right sterno-mastoid muscle being well marked, though not a very powerful one. Moreover, her parents assure us that the deformity has been observable since her earliest infancy. And since there are no local conditions to account for the trouble, we may safely assume its congenital origin.

Previous to the introduction of tenotomy, when mechanical contrivances had to be exclusively relied on in the treatment of torticollis, many contrivances were suggested to meet the exigency.

The needed mechanical assistance is, however, so simple, that we may safely dispense with the old harness. Thus, for instance, if you intend to apply extension, you may use an ordinary bed in the place of the costly orthopædic one. Stout adhesive plaster may be chosen in the place of leather belts and straps, and india rubber rings take the place of steel springs.

By a well-fitting body fastened to the bedstead, the counter-extension may be effected; the head drawn in the opposite direction by an appropriately cut and applied strip of stout adhesive plaster, and affixed by means of india rubber to a hook. That constitutes all your requirements.

But if you propose extension whilst the patient sits on a chair, you have to fasten a rod of well tempered iron to the back of the chair, bending like a helmet over the head of the patient, to which the plaster may be attached as to the bedhook. Or a similar contrivance may be joined to an ordinary dorsal supporter for posterior curvature of the spine, which would enable the patient to indulge in any posture he likes, inclusive of locomotion. We have, however, rarely resorted to those means even, inasmuch as a high and stiff leather necktie, as DIEFFENBACH usually preferred, answered every demand.

In finding the retraction too obstinate for extension, tenotomy is next in order. Practitioners not well acquainted with the help derived from the position of the patient and efficient assistance, evince a good deal of timorousness when called upon to divide the sterno-mastoid muscle. Indeed, the anatomical importance of the parts located near the field of the operative proceeding, and the apprehended danger of their injury, is quite enough to give tremor to the inexperienced hand. But, gentlemen, there is no real danger if you proceed with proper caution, and observe the advice we have offered repeatedly, viz.: *to raise the contracted muscle from its subjacent parts by proper extension.* When you last witnessed the operation at our clinic you will remember that we directed one of our assistants to fix the thorax well by placing his hands over the latter in such a manner as to embrace the shoulders, resisting at the same time the pull at the head; whereas, the second assistant had to draw the head and likewise to rotate it against the action of the retracted muscle. In doing so the muscle presented itself as a strong and tense cord, which could be easily circumvented by the finger. Thus you isolate the muscle and you meet with no obstacle in passing a straight and blunt pointed tenotome behind its tendon. You observe, therefore, that the safety of the operation depends on the tension of the muscle, and vice versa. And inasmuch as the sterno-mastoid muscle is not bound down by rigid fascial structure, as some others, its division can be usually rendered more safe than many other muscles in close proximity of vessels and nerves.

There is no objection to administering chloroform to the patient preparatory to the operation. But it sometimes happens that anæsthesis diminish the retraction of the muscle and thus obscures its contours. In such case we suggest the performance of the operation without it, or we first try mechanical means, inasmuch as the relaxation of the muscle under chloroform indicates that it has not as yet entirely lost its expansibility. We shall however return to this point.

The patient should be horizontally placed on a table, and the head brought in a position similar to that observed in tracheotomy. After the assistants have assumed their respective positions, you insert a pointed tenotome through skin and fascia and withdraw it. Next you introduce the blunt pointed knife. In using the same like a probe, you see that it passes through the punctured wound. You feel then the external margin of the muscle, and pass behind it sufficiently far to circumvent the clavicular portion, then you turn the cutting edge toward the tendon and divide it from within to without. If the deformity yields to redoubled extension, and you succeed in placing the head in proper position, the operation is finished; if not, you have to advance with the knife behind the sternal portion and divide that also in the same manner. From this description of the proceeding you notice that we enter the structures at the outside of the muscle, and you have accordingly to take your place. In dividing the left sterno-mastoid muscle you stand on the right and before the patient; for the other, you have to assume your place at the head, unless you can use with the same dexterity your left hand, in which case the former position may be retained. As to the proper place of division, it seems immaterial whether you sever the tendon nearer or more remote from its insertion. We chose the place where the tendon when properly tensified is best isolated, and hence most easily accessible. Again, if you anticipate the necessity of dividing both insertions it may be prudent to choose a long bladed tenotome so as to obviate a new entrance nearer to the sternal end.

The after treatment is plain, and comprises the use of the means previously alluded to. A stiff necktie is mostly all that we employ in our practice, and we have had fair success with the same.

As to the division of the scalene or other more deeply-seated muscles of the neck, we shall have another opportunity for discussion.

Communications.

REMOVAL OF MAMMARY SCIRRHUS.

By N. F. Ritter, M. D.,
Of Breinigsville, Pa.

Mrs. W——, aged 45, presented herself to my observation, with a mammary scirrhus of fifteen years progressive growth. She has always been a woman possessed of the most energetic constitution, of good stature, bones and nerves, and of sanguine temperament. To have seen her before the last stages of the disease would have been enough for any observer to infer that no disease of the kind could ever find a repository in her system. Her general health remained unimpaired for the first fourteen progressive years of the disease. However, in the month of February, 1863, she took a general cold, which compelled her to take to bed for two weeks. The general health of the woman thereby became impaired; the tumor tumified, and began to enlarge rapidly, extending its foothold transversely across the pectoral muscles, and longitudinally, one direction, toward the axilla, under which the glands began to enlarge in like proportion. Suppuration commenced and effected an opening; after which, granulation also commenced at such a rapid rate that by the 1st of May following, the tumor was of about four inches in diameter, and about two and a half inches deep.

From the subacute inflammation thus suffered, and the contracting of the tumor, by its extending roots, she was incapable of making free use of the corresponding arm, which has caused anchylosis to take place in the same shoulder joint, to such an extent that she was unable to reach to the occiput.

On the 1st of May she presented herself to my observation, with the above circumstances of the case. Judging that without surgical aid she could not survive long, I enjoined upon her the necessity and advantage of an operation, which from lack of duty on the part of her previous attendants, had not before been performed. Although from an ocular and tactile examination of the diseased parts, any rational observer would have doubted the success of an operation, judging from the limited constitutional affection, the strength of the patient, the hopeless condition of her life if allowed to go on to the final stage; and above all, judging from the *slow* progress of the disease in the initiative stage, over the system, it was reasonable and encouraging not only to the older but also to the younger surgeon, to infer that she would not only stand a good chance to be relieved from the disease for a good while, if not entirely cured, but that she would also bear the operation well—the first thing necessary.

Moved and encouraged by these motives I consulted Surgeon C. C. Field, of Easton, who removed the tumor, while I attended to the healing process. He removed the tumor by an encircling incision; part of the pectoralis major muscle, and scraped one of the ribs to which the tumor firmly adhered. From this circular incision another one was made along the inner margin of the pectoral muscles, extending into the axilla, up to the humerus; having thereby gained access to the axillary glands, of which eight were removed of an extraordinary size, some of which were so closely united to the three most important branches of the axillary artery that it became discreet to tie them before removing the glands, which was done. After that the incision was brought together with a few sutures. This closed the operation, thus briefly described.

I dressed the wound with cold water for twenty-four hours, and administered during this time four grains of sulphs. morph.; after which it was dressed with simple cerate, until suppuration commenced, then with ung. hyd. nit. as long as suppuration continued; and after it ceased, with cerat. calamine and bals. Peru.

As soon as the latter was applied the granulations become pale and deteriorated, and suppuration recommenced: the ung. hyd. nit. was then reapplied, and so alternately continued for eight weeks, at which time the wound was contracted and covered over with a thin skin.

The woman is improving all this while, and has more use of her arm than she had before the cancerous tumor was removed.

Editorial Department.

Periscope.

Faradization.

[We copy the following article on Faradization from the *Canada Lancet*. We are indebted to the courtesy of its editor, Dr. Wm. E. Bowman, who is also the writer of the article, for the use of the illustrations.]

It is now over thirty years since the discovery by Faraday, that wire insulated by a covering of silk or cotton, and encircling a piece of iron, becomes electric at the moment of bringing a magnet into contact with, or separating it from it; the wire being unconnected with either, and remaining unaffected, but on the movement of the magnet to or away from the iron within it. The currents thus induced, run in opposite directions, that is, the end of the wire which gives positive electricity on the application, shows negative on the removal of the magnet, and *vice versa* with the other extremity of the wire, hence the name "to and fro" currents. They become much more perceptible when the iron is bent, and a horse-shoe magnet employed to touch both ends at the same time, as shown in the margin.

Like currents are produced in the wire when placed around the magnet, and its poles touched with soft iron.

Temporary or electro-magnets evolve similar phenomena.

And voltaic electricity from a pile, or a simple pair of zinc and copper plates, when passed through an insulated coil of wire, also generates at the moments of making and breaking contact, the same to and fro currents in another coil placed over it, or with it on the same spool, although not otherwise connected.

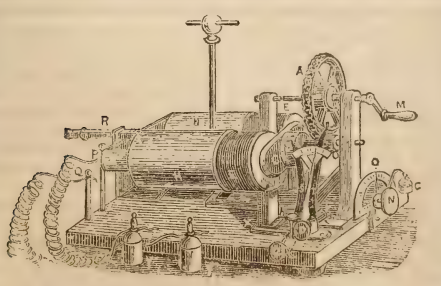
Rheotomes.—It therefore follows that to have continuous induced currents, the contacts and withdrawals of the magnet, or the interruptions in the stream from the voltaic plates, must be numerous and speedy; contrivances for this purpose are styled rhetomes (*i. e.* cut-currents) and have taxed the ingenuity of scientific men in all parts of the world.

It will hence be observed, that although these sympathetic currents are always produced from spools of insulated wire, yet that there are three modes of inducing them, viz:—the permanent magnet—the electro magnet—and the electric coil, the two latter requiring voltaic electricity.

Dr. DUCHENNE of Boulogne, who has devoted a great deal of attention to this subject and whose large work, is without doubt the most complete extant, extensively employs these induced currents, and in honour of their discoverer has denominated their application Faradization, which happy appellation has been at once adopted by the profession at large. When from a permanent magnet, he calls it Magneto-Faradic; and if induced from a battery, Volta-Faradic.

Faradization.—After this explanation it will be seen why by Faradization, is only to be understood the employment of induced or discontinuous electric currents.

Magneto-Electric Machines.—In these the insulated wire is put upon wooden spools, and slipped over the ends of a piece of bent iron, which are turned around in front of a horse-shoe magnet. They are decidedly the cleanest and prettiest instruments for medicinal purposes, and the ones most frequently employed in this country. They come to us from the United States, where they are manufactured cheaply in great numbers, and extensively employed both by medical men and the community at large; and all those, that I have seen, are made to transmit the undivided to and fro currents as generated.—The electrodes (or handles), being alternately positive and negative, pass the electricity backwards and forwards through any portion of the body placed between them. In more perfect instruments, however, of which those of the English makers are not excelled in the world, control may be exercised over one of these sets of currents, and a positive and negative electrode be produced at pleasure, thus enabling the operator to pass the stream in any direction desired. This is of great advantage, for a current running with a nerve is much less excitable than an inverse or mixed one.



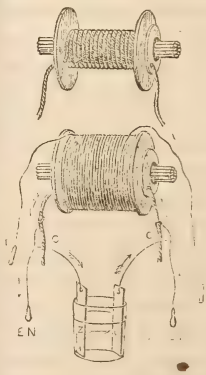
M. Duchenne's Magneto-Faradic apparatus,

In this instrument, invented and employed by Dr. DUCHENNE, the spools are placed over the magnets, and contain first, eighty feet of insulated copper wire 1-50 inch in diameter, over which is wound nearly two thousand feet of another 1-75 inch. In both of these wires are generated the same to and fro currents, which however vary greatly in character, those from the larger being much more powerful, and from the longer and smaller, more penetrating.

Volta-Electric Apparatus.—Soft iron becomes magnetic when surrounded by an insulated coil of wire through which is passing a stream of voltaic electricity; and an instrument could be made precisely like the one with the horse-shoe magnet, but with a power much greater, depending as it would on the strength of the battery employed. But the turning of a handle is unnecessary with a battery, as, to produce Faradic currents, we have merely to place another coil over the temporary magnet, the intervening wire being no hindrance to their development. The top coil must also be insulated, and be unconnected with either the wire beneath, the iron, or the battey.

The current produced on breaking contact runs in the same direction as the battery current, and that on its junction in the opposite way. Faradic currents, as already stated, may be produced by a coil of wire, and pair of plates, alone, but the inducing power of an electric magnet so far exceeds it, that the soft iron helix is never omitted in these instruments, but is withdrawn when a diminution of strength is required. If a bundle of annealed wires, each insulated, be substituted for the bar of iron, forming, as they would, so many distinct magnets, the currents would be still farther intensified; they must not however be encircled by any metal which partially does away with this increase of power.

The wood cut is intended to illustrate the formation of the coil machines.—The top spool has its inducing wire arranged to receive the finer, which is placed over it in the second. The rheotome is not inserted.—The electrodes T. would give the to and fro currents on separating or connecting the wires at C.



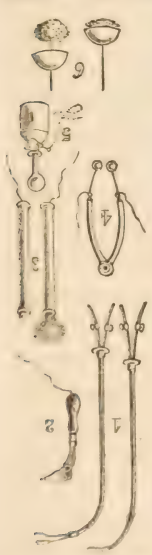
Extra currents.—The Volta-electric apparatus possesses an advantage over the magneto-electric instruments in generating an extra current of induction in the larger wire at the instant that the battery is cut off, and unlike that induced in the finer wire, it runs but one way, which is the same as that of the battery; it lasts but for an instant and may be felt strongly at the disks EN. and EP.—It is an induced current in the inducing wire, after each stoppage of the electricity from the Voltaic plates, and is very convenient as a therapeutic agent. And if the to and fro currents, formed in the finer wire, can be divided at pleasure, it gives a very perfect instrument with three sets of currents, the to fro, and single currents, from the long fine wire, and the extra current from the coarser. Those from the first, according to DUCHENNE, being more penetrating and having an especial action upon cutaneous sensibility, and likewise upon the retina; and those of the larger wire upon muscular contractibility.

Induced currents differ, as a therapeutic agent, from Voltaic electricity, in moving alternately in opposite directions, and in being a quick succession of minute shocks; it is to the latter alone however that its superiority is due, for effects, similar in

every respect, may be obtained from a small galvanic battery, if its current be made discontinuous by means of a rheotome.

Induced electricity is decidedly medical electricity, and, apart from its other advantages, is superior to all other forms in producing powerful muscular contractions, without exciting cutaneous sensibility, causing shocks, or tearing the capillary vessels.—And its employment is unaccompanied by risk of altering the tissues by chemical action, an effect which is liable to occur with continuous Voltaic currents.

Electrodes.—By this term is understood the poles or handles attached to the ends of the wires, by which the application of the electricity is made to the different parts of the body. The pair most universally applicable are brass cylinders with wooden handles, as shown at 5; they are intended to hold sponges saturated with salt water. Duchenne's cups and sponges as may be seen, are much larger than those ordinarily employed. Disks, balls, cones of metal, and wood, similar to those used with frictional electricity may all prove useful in Faradization. The exciters fig. 1. are intended for the bladder, and when make a little less curved, answer admirably for Faradizing the os uteri in amenorrhœa. The wires are run through on elastic catheter with a division to keep them isolated. Fig. 2. is for the ear; the cone should be made of wood or ivory. Fig. 3. is a wire brush for stimulating the skin, and producing counter irritation. It should be attached to the negative conductor, when the apparatus allows of divided currents.



A pair of very convenient sponge electrodes may be made by cutting a hollow India-rubber ball in two and inserting a sponge into each half as shown in fig. 6.

In applying electricity, it must be recollected, that the stream passes into the body at the positive electrode, and out at the negative one, on its way to complete its circuit.

By a direct current is understood one that follows the course of a nerve and consequently of nerve force; it is produced by placing the positive conductor on a nerve nearer to its origin in the brain or spinal cord, than the negative one. Or in other words, to cause a direct current, the negative electrode must be placed upon a nerve nearer to its point of distribution than the positive one. Inverse currents, as their name implies, run in a contrary way to nerve force, and the electrodes are reversed to produce them.

Direct currents, although occasioning contractions in the muscles to which a nerve is distributed, has the effect of decreasing for a time the excitability of the nerve itself. It is owing to this important power, that it is so desirable to be able to employ them alone; for the reverse currents of the to and fro instruments stimulate and counteract this effect. But when these double currents are very intense, the inverse become overpowered by the direct.

From these facts it will be deduced that feeble and long contined to and fro currents are best adapted to rouse vitality and exercise a tonic influence upon weak or atrophied tissues.

The human body is not a good conductor of electricity when compared to metals; its most impregnable part, however, is the epidermis, the resistance of which when dry has been placed by Lenz, after many experiments, as high as 36 times that of the conducting wire alone. The skin once passed, however, he found the structures beneath not to exceed five times. Persons accustomed to working with Voltaic batteries, are perfectly aware of this great difference, from the increased facility and power with which the current enters the hands through the least scratch or abrasion of the cuticle, and the severe pain it occasions at these points.

Reviews and Book Notices.

A Manual of Instruction for Enlisting and Discharging Soldiers, with special reference to the Medical Examination of Recruits, and the detection of disqualifying and feigned diseases. By Roberts Bartholow, A. M., M. D., Assistant Surgeon U. S. A.; Surgeon in charge of McDougal General Hospital etc., etc. Adopted by the Surgeon-General for issue to Medical Officers of the Army. 12 mo. pp. 276. Philadelphia: J. B. Lippincott & Co. 1863. Price, $1.25.

The object of publishing this little work is fully set forth in the elaborate title page quoted above. It is the second publication of the kind that we have recently had occasion to notice. This was issued at the instance of Surgeon-General Hammond to supply a want felt by those who were called upon to examine recruits and disabled men.

In preparing the work Dr. Bartholow has availed himself of his own somewhat extended observation and experience in the army, of the labors of a medical commission, of which he was a member, convened at Washington to determine the mental and physical infirmities which should exempt under the Enrollment Act, and of a number of foreign works on the same subject.

The work is not intended for professional experts, "but for such examining surgeons, medical and recruiting officers as have not had, heretofore, an opportunity to become informed on these subjects." It seems to be well adapted for this purpose. The plan is very similar to that of other works on the same subject. The text is brief, the explanations and descriptions clear and to the point. The publishers have done their portion of the work in a very neat and substantial manner.

Hints on Health in Armies, for the use of Volunteer Officers. By John Ordronaux, M. D., Professor of Medical Jurisprudence in Columbia College, New York. Second edition, with additions: D. VanNostrand, 192 Broadway.

A well written and comprehensive *vade mecum* on a most important subject, treating of the hygiene of barracks, of the march, the camp, of food, clothing and tents, the medical examination and education of recruits, the prevention of diseases in general, and the individual preservation of health; of convenient size for the pocket, simple in style, and adapted to the understanding of every one who can read, this little work is a valuable addition to the resources of our volunteer armies. It is calculated to save thousands of lives, by the inculcation of the soundest principles of sanitary law, and we would be glad to learn of its general introduction among the troops. A wealthy patriot could find no better mode of testifying his desire to be of service to his country than by distributing it freely among our soldiers in every division. Its author has done a good work, which we trust will be properly appreciated. Nor is it adapted solely to the army, its valuable precepts are of universal application in every household and to every individual.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SEPTEMBER 26, 1863.

PREMIUMS FOR NEW SUBSCRIBERS.

In response to frequent suggestions we have determined to offer strong inducements to subscribers to aid in extending our circulation. There is no way in which a physician can spend money to better advantage than in the purchase of books. Subscribers will add ONE DOLLAR'S WORTH OF BOOKS *to their libraries hereafter, for every new subscriber they send us with the subscription money in advance for a year.* The books will be sent by mail, postage paid.

Those who send new names will please designate any book or books they wish, provided only they are published in this country, to the amount of one dollar for each new name sent with the subscription for a year in advance.

For any effort made by our subscribers to extend the circulation of the REPORTER they will be well repaid in the improvements it will give us the means of making in the work. The REPORTER is already the most widely circulated medical journal by far in the United States, but we are anxious as speedily as possible to double its circulation that we may be enabled to add correspondingly to its interest and usefulness.

We print on another page a list of the more important medical books published, from which selections may be made.

SANITARY REFORM NEEDED.

A New York paper of the 8th inst. says—"*The Board of Health met yesterday for the first time in three years!*" The object of the meeting was simply for the purpose of directing the City Inspector to clean the streets in order that he might have the use of a contingent fund of $35,000 to make up a deficiency in that department.

When it is considered that New York claims to be the third city in the world in point of numbers, having a population of about a million souls, and that for the three months ending with the 31st ult., she had a total mortality of 7,602, averaging 585 per week, and an infantile mortality (under two years of age) during the same period, of 3,503, averaging 270 per week, such an announcement seems monstrous. But the utter disregard of the sanitary interests of the populace of that great and important city, on the part of her municipal authorities is matter of notoriety. With almost unequalled facilities for thorough drainage, and the removal of filth, garbage, etc., her system of drainage remains imperfect, and the accumulations in her streets, lanes and court-yards are sufficient to account for her high rate of mortality.

The profession of New York, aided by the heaviest tax-payers in the city, have for years been trying to get the State Legislature to pass a Municipal Health Law, such as is imperatively needed by a city with so large a population and one having such intimate commercial relations with every part of the country, as she has. But demagogueism, corruption and bribery have hitherto defeated this laudable effort, and this great city of New York now rejoices in the possession of a Board of Health which meets once in three years!

While we thus animadvert on the sanitary derelictions of the municipal authorities of New York, we have not a word of apology to make for our own city. Time was when Philadelphia was a model of cleanliness, but the present condition of the city warns us that that day is past. Our mortality, too, during the past three months, though less than that of New York, has been terribly large. The laws of nature cannot be violated with impunity. If in our persons, our domiciles, or our towns and cities we are uncleanly, we must expect to pay the penalty in the forfeit of adult life, which is the capital on whose interest the community lives, or infantile life, the hope of the future, to "the pestilence which walketh in darkness and the destruction that wasteth at noon-day."

The day of reckoning may come upon us when we are the most confident in our fancied security. Both these cities have had their epidemics that have decimated their populations, and in the enforcement of proper sanitary laws consists the only hope of exemption from future visitations. Th good effect of proper sanitary regulations rigidly enforced is well exemplified in the sanitary condition of New Orleans, which for two summers under military rule has entirely escaped epidemics of yellow fever, a result, we believe, never before attained in that city. The same rigid enforcement

of sanitary laws by military power has kept all our large armies on the Southern seaboard in a remarkably good state of health for two summers. The application of martial law in New York and Philadelphia would seem to be the only hope at present of a thorough and much needed sanitary reform.

DANGEROUS FORMS OF QUACKERY.

We have never known quackery to put on so bold a front as it does at this time. As an evidence of this, we have but to refer to the columns of our daily and weekly newspapers, and to the shelves of most of our drug stores. The former are burdened with the advertisements of quack surgeons and quack doctors, aad the latter are groaning with the weight of medicines of every description. Itinerant eye and ear surgeons (?) under assumed names, monopolize whole pages of our large city dailies with elaborate treatises on diseases of those tender organs, calculated to fix popular attention and entrap the unwary. The amount of pseudo-learning that they profess is only equaled by their brazen impudence, and their pretensions to skill by the irreparable damage they do to the sensitive organs of sight and hearing of their dupes.

But extensive as are the evils connected with the operations of these traveling oculists and aurists with the hard names, all of them professing to be students of European surgeons of eminence, who in all probability never saw or heard of them, they may merely involve the loss of the sense of sight or of hearing. Bad as that is, there is a worse form of quackery prevalent now; one which, if we may judge by the various forms it takes, and the extent to which the advertising is carried on in the newspapers, must receive a very heavy patronage at the hands of the public. We refer to the various forms of "Bitters" which are so extensively thrust down the throats of the community, and whose virtues are elaborately set forth in the daily and weekly newspapers, not excepting most of the *religious* papers of the day.

If these were the mere vile decoctions of bitter herbs that they profess to be, it would be a matter of small consequence. Little harm might be done. But in nine cases out of ten, these "Bitters" are nothing more or less than alcoholic liquors in some form, principally gin and whiskey. The immense consumption of these alcoholic "bitters" by the community is perfectly astounding, and the amount of evil that their use is laying up in store for the rising generation, in begetting a taste for the inebriating cup, is beyond computation. In the sale of these vile alcoholic compounds, almost every drug and grocery store in the land is in reality a dram shop, without the formality of taking out a license and paying a tax to ease their consciences!

This evil has grown to such a magnitude that it is high time that legal restraints were thrown around the sale of these vile "bitters." These nostrum venders are putting a poisoned chalice to the lips of our sons and our daughters, and the crop that will be reaped by the community will be a harvest of drunkards and vagabonds to its utter confusion and disgrace, and the burdening of our almshouses and prisons, and the consequent increase of our taxes for their support. If our druggists and grocers are going to be allowed to sell gin and whiskey by the quart, under the name of "Bitters," let us have the poor consolation of knowing that they pay an extra tax for the privilege, as tavern keepers do.

Let our profession lose no opportunity of warning the community against these villainous compounds particularly, as well as against all forms of quackery.

Notes and Comments.

Mortality Statistics.

Our readers will observe a very great improvement in our mortality table, by which we give at a glance the deaths in several of the larger cities from all the zymotic diseases, and the principal sporadic ones, in a way that will enable them to see the comparative mortality in each city, and the proportionate mortality to population. The statistics are taken from the official records in the several cities and are wholly reliable. A glance at this table will give a very fair idea of the condition of the public health throughout the country.

We are indebted to the courtesy of Drs. Ramsey of New York, and G. E. Morgan, of Baltimore, and Mr. N. A. Appolonio, of Boston, Registrars of Health in those cities, for sending us early official copies of their reports.

The Surgeon-General.

Dr. HAMMOND has already returned from his tour of inspection to the hospitals in the Department of the South. The inspection must have been a hasty one, as his absence was very brief.

Surgeon Prisoners.

What has become of the non-combatant theory as applied to surgeons, that so much was said about in the early part of the war? On another page will be found a long list of surgeons who are prisoners in the rebel dungeons at Richmond. Why are they not released? Do we hold rebel surgeons as prisoners? If so, why?

We had hoped that our country had set the example to the world, of regarding and treating surgeons and chaplains as non-combatants, and immediately releasing them.

Correspondence.

FOREIGN.

LETTER FROM Dr. W. N. COTE.

PARIS, *September* 10th, 1863.

Ice in the treatment of Diphtheria.

Diphtheria, an affection which comprises those known under the various names of *bad sore throat*, *angina*, *croup*, and the French *angine coenneuse*, has hitherto been considered one of the most difficult to cure. The *Revue Thérapeutique* now contains a paper by Dr. A. DE GRAND BOULOGNE, late French vice consul at Havana, in which he mentions ice as an infallible specific. As this, from its extreme simplicity, would, if effective, be far superior to any yet tried, I cannot refrain from quoting the cases mentioned by the author, who had published this remedy as far back as February, 1860, and consequently complains (not without reason, if its efficacy is such as he describes it,) of the inexcusable negligence of practitioners in not taking notice of it, and thereby allowing many valuable lives to be lost. The following cases came under his observation after that date. In March and April, 1861, the disease in question broke out under an epidemic form, and chiefly attacked adults with such virulence that in one week three young women died in a single house. One of Dr. DE GRAND'S patients afflicted with blephacite was seized with it, and as he could not immediately attend, owing to the severity of the case, another physician was called in, who ordered emetics and aluminous gargles, which produced no effect. At length Dr. DE GRAND came, and found the tonsils greatly swollen and a false membrane covering them. He immediately administered small pieces of ice, and by the following morning the tumefaction of the tonsils had diminished by half, and the false membrane had nearly disappeared. That very evening she was enabled to take food. Profiting by this example, a few days after her brother was seized with sore throat, presenting the same preliminary symptoms as those of his sister, but he, without waiting for the doctor, at once took ice and was rid of his sore throat in a few hours. Some days later Dr. DE GRAND was summoned to a young lady who had been laboring under the disease for the last forty-eight hours; all remedies had failed, and the parents, relations and friends of the family were immersed in the deepest sorrow. When Dr. DE GRAND ordered ice, a general cry of astonishment was uttered by all present. Ice for a sore throat? Impossible! It was sheer murder! Dr. DE GRAND maintained his ground, and after much expostulation, during which precious time was lost, he obtained his end. Before twenty-four hours were over, the patient was in full convalescence. Being at Vera Cruz on a mission, he was requested to see a young man who was attacked with malignant sore throat, and had been treated without effect by cauterizations with hydrochloric acid and astringent gargles. Here again he had to battle with the prejudices of the family, but was at length allowed to administer ice. The young man recovered in the course of the following day. Dr. DE GRANL has now been using this remedy for the last twelve years without having met with a single failure. This is what he says, but even if only half of what he says were true, the method should be tried by others. Cold gargles have been employed with success by Dr. BLANC, of Strasburg—why not *ice?*

"Red water" in Sheep caused by Infusoria.

In a paper sent in to the Academy of Sciences, M. DEVAINE describes certain infusoria which people the blood of sheep attacked with what in French is called *sang de rate*, the English name of which seems to be *red water*. In 1850, M. BAYER had inoculated a sheep with the blood taken from the milt of another which had died of the disease in question, and this inoculation caused death on the third day. Further inoculations showed that this disorder is transmissible to the ox, horse and other animals, which it kills in the course of two or three days. Since then, M. DEVAINE has been engaged in further researches on this disease, and found, by means of the microscope, that the blood of sheep that have died of it contains a vast number of *bacteria*, a kind of animalcule shaped like a cylindrical wand. This animalcule has never been met with in the blood of healthy sheep. Your readers may recollect that M. PASTEUR, in February, 1861, showed butyric ferment to be composed of the same kind of infusoria, and this subsequently led M. DEVAINE to the conclusion that they must act as a ferment upon the blood. Having therefore obtained some fresh blood from a sheep that had died of the disease, he, on the 21st of July, inoculated two rabbits and a rat with it, having previously ascertained that their blood was perfectly pure and healthy. Twenty-four hours later their blood still appeared quite free from bacteria. Forty-three hours after the inoculation one of the rabbits was in a dying state, and its blood, drawn from the tongue, contained an immense number of bacteria, identical with those of the sheep

The blood of the second rabbit, examined forty-eight hours after inoculation, presented no trace of bacteria, but on the following day, sixty-three hours after the inoculation, the animal died suddenly, and its blood, examined half an hour after death, contained a large number of bacteria, similar in every respect to the preceding ones. Another rabbit, inoculated with this blood, died seventeen hours after, and was also found infected. The rat, which still appeared to be in perfect health, was inoculated a second time with the blood of the first rabbit, but strange to say is still alive, and its blood is in usual normal state.

A New Theory.

The question of the existence or non-existence of a vacuum dates from the earliest ages of civilization. Descartes endeavored to solve the difficulty by his vortices, a theory according to which there is no empty space, and the universe is made to spin round certain centres of attraction, forming more or less complex systems. After him came Newton, who overthrew his system by the theory of universal attraction, which, of necessity admits the existence of an immense vacuum, which natural philosophers have subsequently filled up with an imaginary fluid they call ether, to which they gratuitously, and without a particle of evidence in their favor, attribute the generation of light. A third hypothesis has now been started by M. Hoefer, and not in all likelihood without some chance of success. The earth, and all the other heavenly bodies are each enveloped in an atmosphere, the limits of which have not yet been determined. We live in our atmosphere as fish live in the sea—we are the crustacea of a vast ocean of air, which we know to be traversed by currents in different directions. This ocean is denser at the surface of the earth than at the top, and just as we see the watery oceans of our globe enveloped in another ocean of much inferior density, so nothing prevents our supposing the latter ocean also to be enveloped by another still lighter one, and this again by another, and so on, until all space is filled by matter. In this manner all the planets and satellites which are mere elementary particles of our universe, (itself a mere nebula, perhaps, in a much vaster world than we have any idea of,) are in communication with each other. It is easy to see that this theory bears the strongest resemblance to that of the vortices, with this important difference, that, while Descartes supposes the maximum density to exist at the extreme limit of each system, M. Hoefer, on the contrary, places it at the centre, a supposition more in accordance with what we know about matter than the contrary one.

Singular effect of Fright.

A very interesting fact in a physiological point of view, has just taken place at Kenczew, in the Palatinate of Plock. A detachment of one hundred Cossacks had just invaded the village, and were preparing to pillage the chateau. At the same moment M'me. Wiwerska, wife of an ex-colonel of the Polish army, and mother-in-law of the proprietor, M. Wosinoki, was apparently to breathe her last, and the family, with the death wax-light in their hands, surrounded her bed. At the cry of the Cossacks, who had come to lay hold of her son-in-law, the dying woman sat up, then got out of bed, and, with the most perfect presence of mind, gave such orders as were necessary under the circumstances. The danger to which her children were exposed re-animated her departing spirit. She is still alive, but has frequent hysterical attacks. So says the story.

Absorptive power of the Skin.

Dr. Parisot has addressed two papers to the Academy of Sciences, on the absorptive power of the skin, for the purpose, of testing the efficacy of baths. The following substances, viz.: iodide of potassium, the yellow cyanide and chlorate of the same, sulphate of iron, belladonna, fox-glove and rhubarb, he has tried upon himself, and some of them upon patients whose state required it. The baths were taken early in the morning, fasting, the temperature of the water ranging between 28 and 30 degrees Centigrade (80–86 degrees F.), that of the air being between 18 and 27 (62–79 F.). The duration of the immersion was from one to two hours for Dr. Parisot himself, and from thirty minutes to one hour for his patients. The results obtained were, that salts and the coloring matter of rhubarb dissolved in water are not absorbed by the skin, and that vegetable poisons, such as fox-glove and atropine, dissolved in water, are also not absorbed by the skin, because after a lengthened stay in the baths no symptoms of poisoning are experienced. Dr. Parisot's experiments on water, chloroform and ether are peculiarly striking. The body of an infant which had died twelve days after birth, was laid in a bathing tub, the water of which was incessantly renewed by a permanent influx and efflux of the liquid—the head was kept above water. At the end of twenty-four hours, the body, which weighed 2,050 grammes (4 pounds and $1\frac{3}{4}$ ounces) before the immersion, weighed 2,055 grammes. Being afterwards left for twenty-four hours in the laboratory, and then weighed, it was found to have lost the five grammes it had gained in the bath. Now the epidermis has a sebacious coating everywhere except on the palms of the hands and the soles of the feet—it remained therefore to be seen whether the imbibition had been effected throughout, or only at the hands and feet. In another series of experiments the palms and soles of certain subjects were coated with turpentine, while those of others were not—and the result was, that the former did not increase in weight by immersion, while the latter did. Hence the palms of the hands and the soles of the feet must be considered the only points of the human body through which imbibition can take place, they being deprived of that sebaceous covering which acts as a protecting varnish all over the rest of the body. Chloroform, alcohol and ether dissolve the sebaceous matter more or less completely, and hence the substances dissolved in them may penetrate to the derma. Dr. Parisot dissolved five centigrammes (one grain) of atropine in twenty grammes (five drachms) of

chloroform; he then steeped cotton in the solution and applied it to the forehead of a person; the extension of the pupil became visible after the lapse of three minutes—two minutes later it was complete and equal on both sides—after a quarter of an hour the skin was found to be red and burning. All these symptoms disappeared in the course of an hour. Substituting alcohol for chloroform, the action was greatly retarded, the dilatation not taking place until half an hour's application, and the redness and heat of the skin were hardly perceptible. Atropine dissolved in water slightly acidulated with acetic acid produced no effect whatever.

DOMESTIC.

MALIGNANT TUMOR OF THE RIGHT AXILLA.

EDITOR MEDICAL AND SURGICAL REPORTER:

T. K., a private, 18 years of age, was admitted to University Hospital, New Orleans, La., the 21st of July, 1863. He had been suffering for two years past, from a tumor, situated at the right axilla, which had increased for the last three months to such an extent as to disable him, on account of its position, from the performance of military duties.

At this period he was very anæmic and entirely unfit for being operated upon. The tumor was hanging down like a well developed mamma, having at its internal extremity a yellow looking nipple, which soon broke, discharging some granular matter. His medical attendant ordered tonics and stimulants, to prepare him for his only chance of recovery.

Till about the 15th of August, his condition gradually became better; from this date however, he suddenly failed; the skin covering the extremity of the tumor, commenced to slough, increasing so as to soon leave the entire substance exposed. The discharge was very offensive, annoying to himself and to others. He became scorbutic and a burden to himself; a few days before his death he asked to be operated upon, his request however, was not complied with, as all considered that there was no possibility of saving life; he died August 27th, 1863.

The autopsy was made. The tumor proved to be situated under the pectoralis major muscle extending up to the clavicle, resting somewhat upon the serratus magnus, and touching the intercostal muscles. It contained the entire brachial plexus with exception of the axillary artery and vein, and median nerve.

According to the microscopical examination the tumor was of a malignant character, cells of various form and size containing granular matter being found. There were no other traces of cancroid disease, the lungs and heart being normal, the liver was congested, spleen and kidneys little enlarged, intestines in good condition.

HERMANN BAUER,
Medical Cadet, U. S. A.

NEW ORLEANS, *September*, 1863.

Army and Navy News.

Promoted.

Assistant Surgeons JOS. W. SHIVELY, HENRY F. MCSHERRY, JOHN J. GIBSON, and SAMUEL J. JONES, promoted to surgeons in the Navy.

Restored to Commission.

The following officers heretofore dismissed are restored, provided the vacancies have not been filled by the governors of their States:—

Assistant Surgeon SHERMAN MORSE, Second New York Cavalry, with pay from date of rejoining regiment.

Resigned.

Dr. FRANK H. HAMILTON has resigned his position as Medical Inspector of the United States Army.—He has been laboring in the army of the Cumberland. He takes up his residence in New York City, and will probably devote himself to private practice and the interests of his Professorship in the Bellevue Hospital Medical College.

Dismissed.

The following Surgeons are officially announced as having been dismissed the service:—Surgeon EDWARD C. MUNDY, 12th N. Y. Cavalry, absence from duty without proper authority.

Surgeon W. F. FUNDENBERG, One-hundred-and-seventy-sixth Pennsylvania drafted militia (dishonorably), with loss of all pay and allowances.

Naval Orders.

Assistant Surgeon WATSON C. HULL detached from the St. Marys (sick) and waiting orders.

Assistant Surgeon ISAAC H. HAZLETON, ordered to the navy yard, Boston.

Surgeon SAMUEL J. JONES, detached from the naval rendezvous, Philadelphia, and waiting orders.

Assistant Surgeon JOHN PAUL QUINN detached from the Navy Hospital, New York, and waiting orders.

Asisstant Surgeon C. J. CLEBORNE ordered to the Naval Rendezvous, Philadelphia.

Assistant Surgeon SAMUEL H. PELTZ detached from the Chocura and ordered to the Patapsco.

Assistant Surgeon WM. L. WHEELER, detached from the Patapsco and ordered North.

A Heavy Invoice of Surgeons.

By the U. S. steam transport Fulton, at New York on the 22d from Port Royal, S. C., the following Surgeons arrived from the Department of the South:

Surgeon-General HAMMOND, Drs. S. ADAMS, SCOFIELD, BOYNTON, CHRISTY, MACOMBER, BUNDY, GROVER, FREEMAN, and DELAVAN, also, Mrs. Dr. MARCH, and Dr. J. M. CHENEY of the rebel army.

Surgeons in the Libby Prison.

The following is a list of Union Surgeons confined in Libby Prison:—

W. V. HOUSTON, 122d Ohio, captured June 15th.
W. F. MCCURDY, 87th Pennsylvania, June 15th.
ALLSTON W. WHITNEY, 13th Mass., June 20th.
W. A. RODGERS, 3d Tennessee, June 19th.
WM. SPENCER, 73d Indiana, April 30th.
J. L. MORGAN, 10th Massachusetts, May 13th.
C. E. GOLDSBOROUGH, 5th Maryland, June 15th.
H. L. PIERCE, 5th Maryland, June 15th.
LEWIS APPLEGATE, 102d New York, July 2d.
T. C. SMITH, 116th Ohio, June 15th.
A. A. MANN, 1st Rhode Island Cavalry, June 18th

R. P. McCandless, Ohio, June 15th.
A. S. Looker, 5th Illinois Cavalry, May 20th.
C. T. Simpers, 6th Indiana, June 15th.
F. M. Patten, 12th Virginia, June 15th.
O. Nellis, 2d Virginia Cavalry, July 19th.
W. B. Myers, United States Navy, steamship *Georgia*, May 14th.
W. F. Bowler, 12th Penn'a Cavalry, June 15th.
J. L. Brown, 116th Pennsylvania, June 15th.
—— Ketchum, 83d New York, June 20th.
D. B. Wren, 75th Ohio, June 20th.

News and Miscellany.

Pension Examining Surgeons.

The following additional appointments have been made by the Commissioner of Pensions:

Maine—Dr. E. Russell, Farmington.
Illinois—Drs. Francis Ronald, Granville; L. M. Ely, Mt. Carroll.
Michigan—Dr. Ira H. Bartholoman, Lansing.
Iowa—Dr. John E. Ennis, Lyons.
Colorado Territory—Dr. D. W. King, Empire.

The list of Pension Surgeons just published shows the entire number appointed previous to Aug. 18, 1863, to be as follows:

Maine, 25; New Hampshire, 22; Vermont, 22; Massachusetts, 32; Rhode Island, 2; Connecticut, 10; New York, 89; New Jersey, 14; Delaware, 2; Pennsylvania, 65; Maryland, 4; West Virginia, 4; Kentucky, 4; Ohio, 69; Indiana, 50; Illinois, 54; Michigan, 21; Wisconsin, 31; Iowa, 22; Minnesota, 6; Missouri, 7; Kansas, 8; Colorado Territory, 1; Nebraska Territory, 4; District of Columbia, 1—total, 569.

About thirty have been appointed since the list was published, which will make the entire number near 600.

Administration of Quinine.

The bitter taste of quinine is easily concealed by putting the powder to be exhibited on a portion of the white of an egg and covering it with another portion. In this manner children, or the most "spleeny" adults will swallow it readily.—*Chicago Medical Journal.*

Poisonous Ballet Dresses.

It is stated that the first representation of a new piece has just been given at Hamburg, in which the female dancers appeared in green costumes to represent water-nymphs. The stuff of which these costumes were made contained such a quantity of arsenic that the needlewomen who made the dresses fell ill, and the dancers were attacked with violent symptoms of poisoning whilst on the stage.—*Lancet.*

Cholera.

Accounts from China state that cholera was raging fearfully in Shanghæ in July.

MARRIED.

Jacoby—Wentz.—On Tuesday, September 15th, by the Rev. D. C. Millett, Dr. Benjamin F. Jacoby, of Allentown, Pa., and Miss Ellen Wentz, of Whitemarsh, Montgomery County.

North—Buck.—In New York, on Thursday, Sept 24th, by Rev. George L. Prentiss, D. D., Alfred North, M. D. of Waterbury, Conn., and Amelia H. Buck, daughter of Gurdon Buck, M. D., of New York.

Perry—Bush.—At the residence of the bride's father, on Wednesday evening, September 9th, by Rev. J. M. Perry, Mr. S. O. Perry, of Lower Providence, Montgomery County, and Carrie B., daughter of Dr. A. Bush, of East Coventry, Chester County, Pa.

Wills—Veazey.—On Thursday, 17th inst., by Rev. Mr. Shield, S. E. Wills, M. D., and Miss Mary Emma, youngest daughter of the late Governor Thomas B. Veazey, all of Cecil County, Md.

METEOROLOGY.

September	14,	15,	16,	17,	18,	19,	20.
Wind	S. E.	E.	S. E.	E.	S. W.	S. E.	N. W.
Weather	Cl'dy.	Clear.	Clear.	Cl'dy.	Cl'dy. Rain.	Cl'dy. Rain.	Clear.
Depth Rain					8.10	2.10	
Thermometer							
Minimum	60°	60°	63°	64°	67°	53°	46°
At 8 A. M.	68	69	68	74	76	56	55
At 12 M.	71	73	75	80	77	54	56
At 3 P. M.	73	76	78	80	74	54	58
Mean	68	69 5	71	74.5	73.5	54.2	53.7
Barometer.							
At 12 M.	30.3	30.3	30.2	30.1	29.7	30	30

Germantown, Pa. B. J. Leedom.

VITAL STATISTICS.	Philadelphia. Week ending Sept. 19.	New York. Week ending Sept. 21.	Baltimore. Week ending Sept. 21.	Boston. Week ending Sept. 19.	Providence. Month of August.
Popl'n, (estimated.)	580,000	950.000	240,000	180,000	52,000
Mortality.					
Male	147	221	55	52	80
Female	120	246	64	53	78
Adults	128	195	38	48	54
Under 15 years	131	267	81	57	68
Under 2 years	100	207	59	27	158
Total	267	407	119	105	...
Deaths in 100,000	46.03	49.15	49.58	58.33	303.84
American	193	322	...	24	126
Foreign	52	145	...	81	32
Negro	9	5	15	1	6
Zymotic Diseases.					
Cholera, Asiatic,*	...	...	...	...	1
Cholera Infantum	14	51	12	17	35
Cholera Morbus	1	6	5	2	4
Croup	9	12	4	5	2
Diarrhœa	3	25	...	5	11
Diphtheria	17	10	4	1	...
Dysentery	12	14	4	7	25
Erysipelas	...	...	...	...	1
Fever, Intermittent	...	...	...	...	...
Fever, Remittent	1	...	...	...	...
Fever, Scarlet	1	7	4	3	...
Fever, Typhoid	9	7	3	3	3
Fever, Typhus	1	8	...	2	4
Fever, Yellow	...	...	...	...	...
Hooping-cough	2	6	7	4	...
Measles	...	...	...	...	1
Small Pox	1	2	2	...	...
Syphilis	1	...	...	1	...
Thrush	...	...	...	...	1
Sporadic Diseases					
Albuminuria	...	8	...	...	...
Apoplexy	6	2	...	2	1
Consumption	27	64	12	10	10
Convulsions	13	25	5	...	9
Dropsy	5	7	2	2	...
Gun-shot Wounds	2	...	...	...	...
Intemperance	2	1	...	1	1
Marasmus	18	47	...	4	1
Pleurisy	1	...	...	...	...
Pneumonia	7	22	3	4	2
Puerperal Fever	...	...	...	...	...
Scrofula	1	...	...	...	...
Sun Stroke	...	...	...	...	1
Violence and Acc'ts	17	13	3	2	5

* Under 5 years.

TO CORRESPONDENTS.

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THE

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Original Department.

Communications.

DEFECTIVE AND IMPAIRED VISION,

With the Clinical use of the Ophthalmoscope in their Diagnosis and Treatment.

By Laurence Turnbull, M. D.,

Ophthalmic Surgeon to Howard Hospital, &c.

My attention has recently been directed to the subject of defective and impaired vision, having been appointed examining surgeon by the Governor to examine men who were drafted and who desired exemption. The proportion of cases of short sight, or myopia, was fifty in the thousand, while the cases of weak sight or Amblyopia, cataract, amaurosis, astigmatismus, granular disease, &c., was only twenty-five in one thousand cases. I have therefore come to the conclusion that as the fifty cases of myopia had been so since boyhood or girlhood, and in a few of the instances only was the defect hereditary, there was a neglect on the part of parent or guardian in not preventing so bad a habit. There is also a good deal of the blame to be attached to the family physician, who, when his attention is called to the weak eyes of the near-sighted child, neglects to place it on a proper course of treatment so as to improve the general health and eyes at the same time.

I therefore thought some practical observations upon this and kindred subject, in a series of articles, would be acceptable to the members of the profession whose attention is perhaps only called to a case once in six months or a year, and who has not the opportunities which our city physicians have of calling in consultation one of their brethren who devotes much of his time and talents to this one subject, and who is posted on all the improvements which the last ten years has produced.

The Ophthalmoscope.

And first of the ophthalmoscope or speculum oculi, for without the use of this important aid in diagnosis we will often make most serious mistakes. Its employment requires a little more ingenuity and about the same amount of time and attention which is necessary to become expert with the stethoscope; and certainly no right-minded and conscientious physician should be satisfied in deciding upon the existence of amaurosis in any case without a prior examination with the ophthalmoscope. With just as much certainty could we consider a patient to be laboring under phthisis, without a physical examination, because he has purulent expectoration and fever. It will also be found that there are numerous cases of defective and diseased eyes, which formerly would have been pronounced hopeless, but which upon a careful examination by this admirable invention of Helmholtz's, are ascertained to be curable, and the reverse will equally hold good, thus preventing a long and tedious course of treatment, often to the detriment of the patient's general health and our own discomfiture. Those who use the ophthalmoscope claim for it that it enables them to decide promptly and almost with certainty as to the seat of the disease and its nature, if situated in the crystalline lens, its capsule, the vitreous humor, the retina, choroid, and even the entrance of the optic nerve.

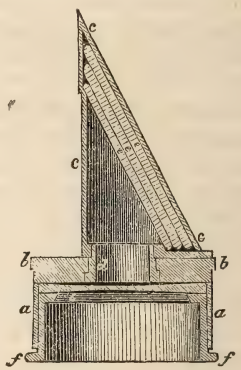
But as is usually the case with every innovation upon old ideas, there is always found a certain number who stand opposed to its employment, and, as would naturally be anticipated, it comes from the same class of men who opposed the introduction of vaccination, anæsthesia, and other equally valuable adjuncts to our profession, and who are equally well represented outside of our profession by the opponents to the introduction of steam, gas, the electric telegraph, &c. Being unwilling to learn its use by the sacrifice of time and labor, they endeavor to produce its condemnation by a variety of objections, among which may be mentioned the charge that it has injured the eye by the bright light which has to be employed in the examination, or that danger may result from the use of the solution of atropia. These, I am confident, have but slight existence, as in the numerous examinations which I have made with the valuable instrument both in hospital and private practice, since May, 1853, it has rarely been my lot to hear a complaint from my patients, or to see any injurious consequences result from its use. When in London, in 1859, on a visit to the Royal Ophthalmic Hospital, Moorfield, I made the inquiry of Dr. Dixon, one of the surgeons, if he had evel

seen any injurious results follow the use of the ophthalmoscope, when he stated that only in one case in thousands had he remarked any detrimental results, and in this case was a lady who subsequently died of apoplexy. He noticed that after such examination there was an increased effusion of blood upon the retina. This single instance of injury would be but a poor excuse for our rejection of so valuable an aid to diagnosis, which, according to H. Haynes Walton, has revolutionized ophthalmic nosology, and rendered obsolete nearly everything that has been written or taught on the deep-seated diseases of the eye.*

Diagnosis is the all-important secret of the physician, without which our therapeutics are but an agency of evil, destroying what we wish to cure, and from this consideration alone every physician and surgeon should gladly avail himself of all the auxiliaries within his reach.

In 1846, Cumming†, of London, first determined that by a certain arrangement of a gas light and a lens the fundus of the human eye could be seen. He did not see the optic nerve nor the retinal vessels. "His simple process of examination was this: Let the person under examination (with the dilated pupil) sit or stand eight or ten feet from a gas light looking a little to the side; standing near the gas light we have only to approach as near as possible to the direct line between it and the eye to be viewed, at once to see the reflection. Or in a dark room, a candle being placed four or five feet from the eye, if we approach the direct line between them we shall be able at once to see it in many cases. If solar light be admitted through a newly closed shutter into a dark room the luminosity may be seen when the pupil is tolerably dilated, the patient standing five or six feet from the aperture and the observer occupying the position before indicated." "In persons of fair complexion and blue or gray irides, it is generally more brilliant and more readily seen than in those of dark skin and irides. In the mulatto it is also dusky."

To Dr. Mackenzie is due a part of the credit of applying the first rudimentary ophthalmoscope to the investigation of deep-seated diseases of the eye. His method consisted in directing the light of a gas jet through the dilated pupil with a lens, so as to discover "what he considered the effects of hyaloiditis, or inflammation of the hyaloid membrane."‡ But the credit of the invention is due to Helmholtz, professor of Physiology at Konigsburg, Prussia, who made and described the first ophthalmoscope, and published it to the world in 1851.* He first employed a single slip of glass brightly polished, and with this he was able to see the surface of the retina but very faintly, not dilating the pupil in his first examinations. Finding that the illuminating power of a single slip of polished glass was too faint to view the minute details of the fundus, Helmholtz increased its intensity by constructing a compound reflector of several slips, superimposed in such a manner that the reflections from their several surfaces cover each other, and coalesce in a single image. For greater convenience he fixed this reflector upon one end of a short tube, in the opposite extremity of which he placed a concave lens. In Fig. 1 is a



horizontal sectional view of Helmholtz's instrument. Fig. 1, *aa* is a short blackened metal tube closed at one end by a plate *bb*, centrally perforated, which supports a hollow triangular prismatic metal box *ccc*. The base of this prism is connected with the plate by the short open cylinder *d*, in such a manner as to allow the rotation of the prism on the axis of the tube *aa*. The long side of the prism contains the reflector, composed of three plane polished slips of glass, inclined at an angle of 56° to the axis of the tube, the other end of which contains the concave lens *l*, which is held in position by the friction tube *f*. When we examine the healthy eye of a young person the pupil appears dark, as if the bottom of the eye was black. This is not because any of the tissues are black that we look through, but it arises from the refractive power of the cornea and lens. Helmholtz, by overcoming the refraction of the cornea and lens by his ophthalmoscope, reflected the rays of light from the retina and made them come to a focus and produce an image on the retina of the experimenter's eye. It is stated that an accident suggested the invention to Helmholtz, but this is doubtful, as "Cummings'" experiments were published and sent all over the world, still we give it as stated. His friend Von Erlach,

* A treatise on the Surgical Diseases of the Eye, p. 654, second edition, London, 1861.

† Medico-Chirurgical Transactions, 1846.

‡ Mackenzie on Diseases of the Eye, p. 564. Am. Ed.

* Beschreibung eines Augenspiegels zur Untersuchung der Netzhaut im lebenden Auge, Berlin, 1851.

who wore spectacles, observed one day whilst conversing with an acquaintance, that the eye of the latter became illuminated when the rays of the light from a neighboring window were reflected by his glasses into this person's eye—hence it is also stated the probable reason of HELMHOLTZ using plate glass as the reflector in his ophthalmoscope. There is no doubt that the immortal honor of the invention of the eye speculum, or ophthalmoscope, belongs to HELMHOLTZ, although many others may have contributed to it, he made it truly practical, and with it he was able to distinguish the optic nerve and the vessels emerging from it. In 1852, RUETE* invented an ophthalmoscope on a different principle from that of HELMHOLTZ, light being thrown into the patient's eye by means of a concave mirror, through a hole in the centre of which the observer looked directly upon the illuminated retina. The objection to this ophthalmoscope is, that it is fixed upon a stand and therefore not well adapted to observe an organ so constantly in motion as the eye. COCCIUS† avoided this inconvenience by constructing a small perforated mirror to be held in the hand, and this instrument has been still further modified by ANAGNOSTAKIS,‡ whose ophthalmoscope, from its extreme simplicity, appears to many to be the most useful that has been invented. It consists of a circular mirror, about an inch and three quarters in diameter, slightly concave, and perforated in the centre with a round hole, the tenth of an inch wide. The amalgam of the mirror is protected by a brass plate perforated at a spot corresponding to the hole in the glass. The inside of this perforation should be brushed over with a non-reflecting black coating so as to prevent the metallic edge from producing small rays of light, which are very confusing to the observer. The mirror is set in a metal frame to which a handle is fixed.

In a recent work by ZANDER,§ he divides them into three classes, viz.:

1. Ophthalmoscopes in which the reflector consists of slips of highly polished glass, with plane parallel surfaces, as HELMHOLTZ'S.

2. Homo-centric ophthalmoscopes—concave mirrors of silvered glass or metal, as REUTE'S and LIEBREICH'S.

3. Hetero-centric ophthalmoscopes—plane or convex specula in combination with a convex lens, as COCCIUS' and ZEHENDER'S.

(To be continued.)

* Der Augenspiegel und das Optometer, Gottingen.

† Ueber die Anwendung des Augenspiegels, Leipzig, 1853.

‡ Essai sur l'Exploration de la Retine et des Milieux de l'Œil sur la Vivant, Paris, 1854.

§ Zander, A., Der Augenspiegel, Seine Formen und Sein Gebrauch, Leipzig, 1859.

CASE OF GUNSHOT WOUND
Of the Brain, treated at the McKim's Hospital, Baltimore, Md.

By Wm. G. Smull, M. D.
Acting Assistant Surgeon, U. S. A.

The surgical history of the present war will demonstrate one fact, which is frequently overlooked in the treatment of injuries about the head, viz.: that serious lesions may exist as the result of injury, and the fact escape the observation of the surgeon and even the patient himself.

An illustration of this fact has recently occurred in this hospital, so singular that I have deemed it worth transmission to the REPORTER, particularly as it is the second one that has come within my observation in the course of a few months.

Private A. Van Walker, Company A, 7th Wisconsin volunteers, was admitted into this hospital on July 8th, 1863. He was wounded at the second days' fight at Gettysburg. The wound was over the orbit of the right eye, and was supposed by himself to have been made by a piece of shell. The missile struck at the external extremity of the frontal sinus, and the pulsation of the brain could be seen through the wound. The patient suffered great pain over the brow, and complained also of a numbness, caused no doubt by the division of the supra-orbital branch of the fifth pair of nerves. The treatment adopted was anodynes and cold water dressing to the wound, with rest and light diet. The patient rapidly recuperated and in a few days was able to go to his meals. In the course of ten days he was able to go out on a pass, and every few days he repeated his walks. During this time he was cheerful, enjoying good appetite, and the external wound was sufficiently healed as not to require dressing. On September 12th he walked two miles in the middle of the day to witness a military parade. He was asked by his companion if he suffered any pain from the exercise and exposure to the sun; he replied, none at all.

On September 17th he complained of headache and nausea. The symptoms increased, vomiting ensued, and the patient kept his hands continually compressed upon his head. When asked what part of his head pained most, he replied, it pained all over. All efforts to relieve him were unsuccessful. Counter-irritation and opiates were used in vain; the patient refused all food, and then became comatose, and on the night of the 20th he died.

An autopsy was held on the following morning, and revealed the following remarkable circumstances. The skull had been penetrated about the middle of the roof of the orbit, and spiculæ of bone were driven in upon the substance of the brain. On lifting up the anterior lobe of the right side, a

large quantity of pus escaped. The hemispheres of the brain upon being gently separated, allowed the escape of pus, apparently from the right ventricle. The whole anterior portion of the right hemisphere was in a state of disorganization, amounting almost to gangrene; the mass was very offensive. Upon separating this mass a minie ball weighing about one ounce, fell out of the substance of the brain from the posterior part of the anterior lobe, somewhere near the sella turcica. The appearance of a foreign body being so unexpected, its exact locality could not be correctly stated, as the disorganized mass was not firm enough to permit of dissection.

It will be observed that the patient carried the ball in his brain for two months, and had fragments of his skull driven in upon his brain for the same length of time, without being in any degree conscious of it. From the appearance of the brain the process of suppuration and decomposition must have been going on for some time previous to his death. His mental faculties remained the same up to the time of his final sickness, and a member of his regiment states that he knew of no difference in his mental condition previous and subsequent to the receipt of his wound. It should be remarked that a piece of foreign substance was taken from the fractured bone, apparently a portion of his cap. It had not reached the brain, and can hardly be considered as having had an important bearing upon the result of the case.

Medical Societies.

Bradford Co., Pa., Medical Society.

The Bradford County Medical Society met at the Odd Fellows' Hall, in the borough of Towanda, Sept. 9th, 1863. The following members were present:—Drs. Ed. Mills; G. F. Horton; E. P. Allen; C. Conklin; C. M. Turner; W. L. Clagett; D. Holmes; E. A. Everitt; G. W. M'Kee; E. H. Mason.

The President, Dr. Mills, called the meeting to order.

Drs. E. A. Everitt and G. W. M'Kee were proposed for membership and after a favorable report from the censors were unanimously elected.

Dr. Horton moved that a committee be appointed to nominate officers for election for the ensuing year, which was adopted, and the President appointed Drs. Horton, Allen and Turner said committee, who after consultation nominated the following, and they were unanimously elected:

President.—Wm. L. Clagett.
Vice Presidents—E. G. Tracy, G. Conklin.
Recording Secretary—E. H. Mason.
Corresponding Secretary—E. A. Everitt.
Treasurer—Geo. F. Horton.
Censors—E. P. Allen; C. T. Bliss; D. Holmes; C. M. Turner; G. W. M'Kee.

The resolutions offered by Dr. Horton at the last meeting in relation to Surgeon-General Hammond's order against calomel were called up, and after a few remarks, further action was posponed until the next meeting.

During the meeting the following cases were reported:—

Dr. Conklin reported a case of dry gangrene in the foot of a child, resembling senile gangrane in its appearance, course and termination.

Dr. Holmes—A case of ascites.

Dr. Allen—A case of malignant sarcocele.

Dr. M'Kee—A case of pericarditis in which the action of the heart was controlled by the use of veratrum viride.

Dr. Mason—A case of erotic dreams and nocturnal emissions caused by a blow upon the occiput.

Adjournment to meet at the village of Burlington, on Wednesday, October 28th, next at 10 o'clock, A. M.

E. H. Mason,
Secretary.

Editorial Department.

Periscope.

Faradization.

The following is the conclusion of Dr. Bowman's article on Faradization commenced in our last:—

Electro-puncture.—Faradization through steel or platina needles passed into the deeper tissues is one of the most efficient modes we possess of localizing the current and stimulating them to healthy action, or restoring them to lost contractibility.—Triangular shaped needles, similar to those employed by glovers, are best adapted for the purpose; when of steel they should be plated with gold, for their oxidation in the wound during the passage of the electric currents, not only increases the pain, but leaves an indelible stain behind them. Bloodvessels should not be transfixed, nor is it absolutely requisite to pierce a nerve; it is quite sufficient if the needles come it contact with it.

Baths.—Electricity penetrates the skin without difficulty through water, and the application of to and fro currents in a bath, is a powerful means of arousing the action of the system in cases of debility. The hip bath, foot bath, or merely inserting the hands into a basin of water, also gives a ready entrance and exit to the currents if one conductor be put into the vessel, and the other, a moist sponge, be placed above the part to be Faradized. Salt increases the conducting power of the water, and it may be conveniently added to it when operating through the hands or feet.

Sponge Electrodes.—Next in point of penetrability are sponges moistened with salt water, which, when pressed firmly upon the wet skin, act as good conductors to the deeper tissues without electrization of the cutaneous surface, which however becomes momentarily affected on bringing the electrodes into contact with it, or on removing them, whilst connected with the working instrument; this may be readily obviated by crossing the wires of the two poles until the sponges are placed.

Electro-cutaneous Excitation.—When the skin is dry beneath one or both electrodes, the currents flow chiefly along or within its surface, and when intense, act painfully upon the superficial muscles beneath. Before Faradizing the skin, all humidity should first be absorbed by means of a little rice powder or corn starch, then having placed a moist conductor on some other portion of the body, apply a dry one to the part to be excited, or, holding it

in the hand, pass the back of the fingers lightly over the surface. The application of the metalic brush, however gentle, is a much more severe mode of arousing sensibility, and is very painful when the cutaneous surface is struck slightly with the extremities of the wires. DUCHENNE calls this latter *electric fustigation*, and *electric moxa* when the ends are left in contact with it.

Of the Nerves.—The muscles are much better conductors of electricity than the nerves; therefore, when it is desired to apply them to the latter, it should be done where they are most superficial, and in contact with tendons or aponuroses, or surrounded by cellular tissue; and even in these situations but a portion can be made to traverse the nerves.

WEBER has proved, after many interesting researches, that although Faradization of the spinal marrow alone, produces violent contractions in the muscles of the trunk, these contractions arise, not from electricity, but from nerve force brought into action by the stimulus to the cord. And that neither contractions nor heat can be observed in nerve matter on electrical excitation.

Induced currents passed through the sympathetic, or through the organs to which it is distributed, produce contractions in the muscular tissue of the latter, which, however, differ from those of the voluntary muscles in being less energetic and more permanent, and in succeeding each other in an order corresponding to their functions, which they increase.

Of the Muscles.—Faradization of the muscular tissue, is said to be *general* when produced through the nerves, and *local* when applied to the fibres themselves; the latter is more superficial except when a powerful current is employed. Next to electro-puncture, local electrization is best accomplished by means of the sponge electrodes wet with brine, and pressed firmly upon the skin within a few inches of each other, moving them frequently until every part has been brought under its influence.

Excitation of the periosteum is peculiarly painful and should be avoided when possible.

Paralysis.—Ever since its discovery, Faradization has been recommended as a remedial agent of great efficacy in paralysis, both local and general, stimulating the nerves and muscles in the former, into renewed life and activity, and supplying them in the latter with electrical, in lieu of deficient nerve force; thus keeping up their action and development, and preventing atrophy, whilst nature is restoring the power of the nervous centres. It cannot however be made immediately available as in all forms of local paralysis. In both local and general, the to and fro currents are particularly adapted, and should be applied directly to the parts affected, without passing them through the seat of any recent cerebral or spinal injury. They should be employed for short periods, and be frequently repeated.

Where there has been a separation of a nerve by injury, or even a loss of its substance, with years of permanent paralysis, the patient application of electricity will occasionally be found to restore the action of the muscles supplied by it, showing that there has been regeneration of the nerve filaments in the cicatrix, and that want of stimulus alone has prevented the return of power. After accidents of this kind, the rule is, that when muscular contraction has not been destroyed, the parts should be submitted, as soon as possible, to local electrization; but when lost and insensible, from four to ten months must be allowed for the perfection of the nerve fibres.

Paralysis of the nerves of smell, taste, sight, and hearing, have each occasionally been restored by electrical excitation.

I have had some encouraging, although but partial successes, with it, in loss of smell from chronic catarrh in which I employed the double currents, placing one sponge over the nostrils, and the other at the nape of the neck.

Dr. S. WELLS recommends it in cases of strabismus dependant upon paralysis of muscles of the orbit without cerebral lesion; he directs one moist sponge to be placed on the lid over the weakened rectus, and the other to the temple, and begins with applications of five minutes duration daily, increasing them gradually to 20 minutes.

In deafness without evident cause, but deficient cerumen, Faradization is well worthy of a trial. The ear should be filled with water, and weak and slow currents be passed through it from the back of the neck, being careful not to allow the conductor to touch any portion of the meatus or tympanum.

Local paralysis of the bladder with incontinence of urine, either in adults or children, may often be successfully treated by means of the to and fro currents passed daily, for fifteen minutes, between the interior of the bladder and the pubes, employing the exciter fig. 1, and a sponge electrode. It seldom requires more than a single application to effect a change, or over five or six, to give permanent relief.

In tic douleureux, the nerve may be deadened by strong direct currents, (extra currents being the best) applied by means of moist conductors.

Faradization in lead palsy, is in general very tedious, and requires 30 to 100 sittings, at each of which pain should be excited in the paralyzed muscles. The currents employed should be rapid and intense, and not be continued longer than ten minutes, otherwise the nerves themselves will be liable to be injured by them.

In chorea, M. BRIQUET remarks that induced currents, passed through the muscles, act but temporarily, but if applied merely to the integument, they occasion rapid and marked diminution of the movements, and frequently effect a prompt removal of the malady. He Faradizes the skin every day or every other day, for five or six minutes, along the entire length of the affected limbs, persevering with the treatment for several months when necessary.

In amenorrhœa, Faradization proves successful only after the health has otherwise been re-established. To and fro currents should be passed between the sacrum and pubes, beginning several days before the period. In cases permitting it, an insulated conductor may be carried up to the womb, and the electricity be passed through it from the lower part of the abdomen.

To produce contractions of the womb and expulsion of its clots in post partem hemorrhage and in dysmenorrhœa, or to cause more rapid labour in placenta prævia, after due dilatation of the os, Faradization may be employed as an auxiliary to other means, in deference to the success aitributed to its use by some few authors of merit. The mode of its application is the same as for amenorrhœa.

It is in hysteria particularly, more than in any other disease, that the to and fro currents prove most successful. In its convulsions, paralysis, tetanus, aphonia, and all its thousand and one anomalous sensations, their employment frequently acts in a surprising manner; the dread alone of the more powerful shocks, having sufficient influence upon the mind to control, and prevent their recurrence.

The secretion of milk, when suspended or delayed, has occasionally been reproduced in a few hours by the application of the sponge electrodes, and the passage of moderate to and fro currents through the glands for ten or fifteen minutes. It should be repeated daily until the return is fully established.

In neuralgia, powerful direct currents (extra currents) should be passed along the affected nerve, through moist conductors, for a few minutes only, and be repeated each time of the return of the pain. The intervals will be found to become longer and longer, and the sensibility to decrease at each renewal of the attack, until it entirely ceases. If electro-puncture be preferred, as strongly advocated

by many, weak currents must be employed, and but for a few seconds only.

In bronchocele, electrical excitation renders the thyroid gland more susceptible to the power of iodine or other absorbents.

In chronic rheumatism, direct currents give much relief and promote the absorption of effusions. In cases of rigidity, as that of crick in the neck, the to and fro currents, applied to the healthy antagonistic muscles, by causing their contraction, act powerfully on the diseased ones, subduing their excitement and irritability in the same manner as the exercise of the opponent muscles in ordinary cramps. Dr. Christophers passes the current down the spine, and through the affected part daily for half an hour or longer, and speaks of a case of three years standing that was thus greatly benefited by it.

In hydrocele, electro-puncture by exciting the serous membrane to absorption, frequently proves successful, even in obstinate cases, in removing the effusion. The needles should be inserted deeply into the fluid from opposite sides, and to and fro currents be gently passed through them for fifteen minutes, increasing their intensity until the pain is complained of; the application may be repeated several times if necessary.

In deficiency of semen, with loss of desire or imperfect erection, I have found the to and fro currents of much benefit, in one case a single application producing a return of power. They should be passed through the testicles, and along the erector muscles from the ischium to the dorsum of the penis, employing the sponge electrodes daily, for fifteen minutes.

In irritable states of the bowels accompanied by slimy stools and alternate constipation and diarrhœa to and fro currents applied to the colon from the spine, with moist electrodes, has been found of much service.

In poisoning by opium, Faradization is the most efficient means we possess of sustaining life during the continuance of the narcotic effects of the drug upon the brain; in which time the stomach pump and stimuli will not of course be neglected. Dr. Herepath's experience on this subject is worthy of attention; he found, after numerous trials, that when the direct currents only were employed, the positive electrode being placed upon the mucous membrane of the mouth, and the negative just below the ensiform cartilage, that the respiratory movements were carried on with considerable more regularity and ease than by any other method; but that when the conductor was shifted from the cheek to the tongue, spasm of the glottis was produced and asphyxia threatened. In arrest of the heart's action from chloroform, direct currents should be passed through sponge electrodes from the nape of the neck to the ensiform cartilage, placing the positive to the former. But if to and fro currents only are available, the shocks should be passed from side to side placing one conductor over the cardiac region. In both cases the finger should be kept pressed between the ribs, and when the heart or diaphragm is noticed to contract, the currents should be momentarily suspended.

By the terms "sponge electrodes," "moist electrodes," "moist conductors" and "moist sponges," are intended Duchenne's cylinder conductors, containing sponges wet with salt and water, and pressed firmly to the skin during electrization.

In conclusion I would remark, that for the successful employment of Faradization, great patience and perseverance is required, and the conjunction of other remedial agents should in nowise be neglected. —*Canada Lancet.*

Pumpkin Seed in the Treatment of Tænia.

In a communication to the *American Medical Times*, Dr. Charles Hasbrouck, of Hackensack, N. J., details a case of the successful use of pumpkin seed in Tænia. Two ounces of the seeds of the common pumpkin were directed to be hulled, grated with sugar, and mingled with half a pint of hot water.—After fasting for twenty-four hours this was to be taken and followed in an hour by a dose of castor-oil. The result was entirely satisfactory, as, in less than two hours after taking the seeds the patient passed a tape worm nearly eight feet long, including the head.

Suppositories.

The plan of administering remedies by means of suppositories is resorted to much less frequently than its importance calls for. The following on the subject by Mr. Wm. C. Bakes, we take from the *Journal of Pharmacy*. The doses recommended appear to us to be rather small.

To facilitate the prescribing of suppositories by physicians, some establishments have made a point of numbering them according to their composition. The following list will illustrate this method, and give some idea of the substances capable of being administered in this form.

No. 1. Butter of Cacao.
No. 2. One grain of Opium.
No. 3. Two grains of Opium.
No. 4. Half a grain of Aqueous Extract of Opium.
No. 5. One grain of Aqueous Extract of Opium.
No. 6. One grain of Opium and five grains of Tannin.
No. 7. Two grains of Opium and two grains of Tannin.
No. 8. One grain of Opium and five grains of Acetate of Lead.
No. 9. One grain of Opium and two grains of Extract Hyoscyamus.
No. 10. One grain of Opium and one grain of Ipecacuanha.
No. 11. Two grains of Opium and two grains of Ipecacuanha.
No. 12. One grain of Opium and half a grain of Extract of Belladonna.
No. 13. One-eighth of a grain of Acetate of Morphia.
No. 14. One-sixth of a grain of Acetate of Morphia.
No. 15. One-fifth of a grain of Acetate of Morphia.
No. 16. One-fourth of a grain of Acetate of Morphia.
No. 17. Five grains of Tannin.
No. 18. Ten grains of Tannin.
No. 19. Ten grains of Mercurial Ointment and ten grains of Camphor.
No. 20. One-thirtieth of a grain of Atropia.
No. 21. Half a grain of Extract of Belladonna.
No. 22. Two grains of Santonin.
No. 23. Five grains of Calomel and two grains of Santonin.
No. 24. Two grains of Acetate of Lead and half a grain of Extract of Stramonium.
No. 25. Five grains of Tannate of Lead.
No. 26. Two grains of Extract of Hyoscyamus.

It will be understood that the basic material is the Butter of Cacao, to which is sometimes added White Wax, to give it a firmer consistence. See Vol. ix., No. 1, p. 5.

Hydrophobia.

During a series of experiments made by Professor Renault, and communicated to the Academy of Sciences, respecting the period required for the development of symptoms of hydrophobia, he caused 131 dogs to be either bitten by mad dogs, or inoculated with their saliva. Of these, 63 showed no symptoms during a period of four months, and were therefore considered free. Of the remaining 68, 31 became mad after the 40th day, 23 after the 45th, 16 after the 50th, 14 after the 55th, 12 after the 60th, 8 after the 65th, 7 after the 70th, 3 after the 80th, and 1 upon the 118th. —*Lancet.*

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, OCTOBER 3, 1863.

PREMIUMS FOR NEW SUBSCRIBERS.

In response to frequent suggestions we have determined to offer strong inducements to subscribers to aid in extending our circulation. There is no way in which a physician can spend money to better advantage than in the purchase of books. Subscribers will add ONE DOLLAR'S WORTH OF BOOKS *to their libraries hereafter, for every new subscriber they send us with the subscription money in advance for a year.* The books will be sent by mail, postage paid.

Those who send new names will please designate any book or books they wish, provided only they are published in this country, to the amount of one dollar for each new name sent with the subscription for a year in advance.

For any effort made by our subscribers to extend the circulation of the REPORTER they will be well repaid in the improvements it will give us the means of making in the work. The REPORTER is already the most widely circulated medical journal by far in the United States, but we are anxious as speedily as possible to double its circulation that we may be enabled to add correspondingly to its interest and usefulness.

We print on another page a list of the more important medical books published, from which selections may be made.

DEMONSTRATIVE MEDICAL TEACHING.

The season of the year has arrived which, by common consent, begins the term usually devoted to didactic instruction in medicine. Students have gathered from far and wide at the colleges of their choice, and the preliminary courses of instruction are now in progress, preparatory to the commencement of the regular lectures about the middle of the month. The faculties of our medical colleges have, of late years, seemed to realize more and more the importance of *demonstrative* teaching, and the drawings, preparations, experiments and morbid specimens with which the didactic teaching is illustrated, and the clinical lectures of the present day are, in consequence, in strong contrast with the hour's uninterrupted talk, relieved by nothing save the oft-repeated anecdote or *bon mot*, which were sometimes of questionable taste and morality, of former days. Medical students of the present day cannot too highly prize the advantages they enjoy for acquiring a practical knowledge of medicine and surgery.

Instruction at the bed-side, technically termed "clinical" instruction, is the highest style of medical teaching. A student acquires more practical knowledge from an hour's clinic, though but half the time be spent in oral deliverances, than from hours of undemonstrative talk, no matter how learned, or how besprinkled with funny anecdotes and stale jokes. A very little observation and experience sufficed to establish this point, and college faculties soon discovered that those institutions which offered the best facilities for clinical instruction attracted the largest classes. This gave rise to a very laudable competition as to which should offer students the best advantages in this respect. No medical school now pretends to teach medicine and surgery without offering facilities of acquiring practical knowledge at the bed-side. It must, however, be confessed, that there is much that passes for clinical teaching that is unworthy the name. There are very grave objections, for instance, to the plan of "laying out" a patient on a lecture table in an amphitheatre, and delivering a "clinical lecture" on the case under those circumstances. True, something may be learned in this way, and this is an improvement on the old plan of teaching. But it is only a single step toward realizing the true idea of clinical teaching, and, we may add, a very short one.

Clinical instruction to be really profitable should be literally at the bedside of the patient. The student should see, feel, hear and *smell* the patient himself. Hence this kind of instruction should be imparted in the wards of a hospital. For many years we have advocated the connection of our medical colleges with *bona fide* hospitals, and so earnest were we in the advocacy of this idea, that five years ago, when the REPORTER was changed from a monthly to a weekly, and clinical reports were made a prominent feature of the work, we of our own option improvised the terms as applied to the college clinics in this city, University *Hospital*, Jefferson College *Hospital*, etc., instead of University *Clinic*, etc., with the view of familiarizing the profession with the idea, in anticipation of urging the expansion of the college clinic into a true hospital clinic.

As respects the medical colleges of this city, we have urged their connection with our large hospitals if it is impracticable for them to establish hospitals themselves. The University, for instance, might readily enough, if all concerned would look at the matter in a proper light, become connected with the Pennsylvania Hospital, and the Jefferson College with the Philadelphia Hospital, and in their extensive wards give students in reality the benefit of clinical teaching, Let but one college set the example, and our word for it, the rest would follow suit.

Indeed, the example is set, and we predict a speedy realization of the idea that we have so long advocated. The Commissioners of Charities and Correction, of the city of New York, composed of some of the ablest and most intelligent business men in that city, have established a Medical School in connection with Bellevue Hospital, the great almshouse hospital of New York. They have appointed a full corps of able men as professors, and the institution commences its third session this month. The sessions already held have been very encouraging, and we cannot help predicting a prosperous career to the school, because we are satisfied that it is started on a right basis.

Once more, let us urge it upon the faculties of the medical colleges in this city and elsewhere, that they adopt and carry out this idea as speedily as possible. *It will have to be done sooner or later, or "Ichabod" will surely be inscribed on their walls.* The pages of the Reporter for the past ten years are witness that this is no new hobby of ours. We have steadfastly advocated the plan; one college has adopted it, and with marvelous success. The sequel will show that the rest will be compelled to follow the example.

In this connection, we are glad to learn that Dr. Penrose, the new professor of Obstetrics and Diseases of women and children, in the University of Pennsylvania, intends to combine clinical teaching, as far as possible, with his regular course of lectures in that institution. This is well, and the course adopted by Dr. Penrose will serve as a stepping-stone to reach the ultimate idea of an association of the University with a *bona fide* hospital, a consummation which we devoutly hope is not far in the future.

FIVE YEARS AGO

We commenced the publication of the Reporter in its present weekly form. It was a day of small things. We had just removed to Philadelphia, and were without capital or credit. Such an enterprise we soon found required a great deal of both. But we persevered in the face of many and very great discouragements, which, however, were far over-balanced by the encouraging words and deeds of the profession, or the enterprise would have utterly failed long ago. The unfaltering support given the Reporter, in spite of the enforced derelictions of the past two years on our part, have surprised us, and has operated as a convincing proof that we were serving the profession with some degree of acceptance, although circumstances beyond our control compelled us to do it in weakness. This conviction encouraged us still to persevere, until we again indulge the expectation of speedily realizing our long deferred hope of giving to the profession of this country the *very best* medical journal printed *anywhere*. We make no exception, because our only hope of making such a journal is founded on the co-operation of the profession.

Our country can boast of some of the finest medical talent in the world now, and we, as a nation, are only in the morning of our existence. True, the fogs and mists of early day hover over our land, but

"Behind the clouds is the sun still shining,"

and the glorious effulgence of a bright day will soon dispel these fogs and mists. We are utterly lost in the contemplation of the future of our country. We anticipate for it everything that can be enjoyed by a nation on earth. Mankind will be awed by the spectacle, and the intellectual and material treasures of the world will be poured upon us. Then will our profession occupy the very front rank in respect to that of other nations. Our country will absorb much of the learning and wisdom of other lands, and the medical profession of America will undisputedly hold the pre-eminent place. Nor do we believe that time is in the distant future. Comparatively few years will realize these seemingly extravagant ideas in all their length and breadth.

It is for such a time that we labor and wait. We

may not live to see it, but we believe this journal will, and we hope that it will not be without its influence in inculcating right views of matters connected with our profession.

In concluding this brief reminiscence of the past, and anticipation of the future, we desire to state that we have now all the delayed numbers of the Reporter (Nos. 304, 305, 308, 309, 310,) printed, and are mailing them as fast as we can pay the postage on them, which, greatly to our detriment, is we think unreasonably, required of us by the Post-office authorities. The delay of these numbers and other irregularities have, of course, injured us greatly. Still we have the satisfaction of knowing that in spite of them a capital of $25,000 would scarcely suffice to put another journal on the same footing in point of circulation and influence that the Reporter now occupies.

Our delinquencies during the past year are chargeable to the dishonesty of an agent, whose embezzlements have cost us two thousand dollars or more. In view of this, and the fact that we "still live," we shall hope for the continued support of all who have hitherto sustained our enterprise.

Notes and Comments.

☞ Subscribers who have paid for a year from October, 1862, (No. 311,) or six months from No. 337, will observe that their paid subscription term does not end until the 1st of November—No. 362. This is in consequence of our omitting the month of April last, as we wished to run the current volume through to January next, and have the volumes begin hereafter with January and July, instead of October and April.

Bellevue Hospital Medical College.

This institution began its preliminary term of four weeks on the 16th of September, with a hundred students, which at this time has increased to one hundred and fifty, with the prospect of a large class, perhaps the largest in New York, at the commencement of the regular term on the 14th inst. The extraordinary success of this new institution is due solely to the fact that it has adopted the true plan of associating itself with a hospital, and making true clinical instruction at the bedside a prominent feature in its programme.

Bedford's Principles and Practice of Obstetrics.

A new edition, the third of this work, has just been issued. It has had an extraordinary sale, and has been adopted as a text book in no less than twelve of our medical colleges. The work is one of acknowledged merit, and its popularity is no doubt based upon the fact of its possessing that quality, for there is no lack of works on this subject from which the profession may choose.

Pennsylvania Hospital.

Dr. Geo. W. Norris has resigned his position as Surgeon of Pennsylvania Hospital, and Dr. William Hunt has been appointed. An excellent appointment.

NEW INVENTIONS.

A New Inhaler.

This consists of a tube, provided 1st with a bell-shaped mouth-piece at one end, which in its application to the mouth entirely excludes external air; 2d, with a medicine chamber at the other end, which is a short tube, similar to the main tube and open at both ends, one end being turned out to fit to the end of the main tube and the other end furnished with an internal flange or rim to retain the medicines; 3d, with a globe valve, which fits into a seat in the lower end of the main tube, where the same joins the medicine chamber, a pin running across the main tube to prevent the valve from flying out of its seat any further than necessary to open the passage from the medicine chamber to the tube. In drawing in the air through the tube the valve opens, while forcing it into the tube, the valve closes, and the gas expelled by the breath is thus hindered from coming in contact with the medicine in the chamber.

And 4th, it is provided with a valve which is closed by the action of a spring on the lever, like the valve of a flute or other musical instrument. By the action of the spring this valve is constantly closed and the external air is hindered from entering the tube except through the medicine chamber. By pressing upon the lever at the proper intervals the valve is thrown open and the gas expelled by the breath escapes *without* coming in contact with the medicine to be inhaled.

The contrivance seems to be a very simple and effective one for the application of the vapor of medicines by inhalation.

Segnitz' Insufflation Tube.

This consists of a tube, one end of which terminates in a flat and flaring portion, slightly curved and perforated by two orifices. From these two orifices are passages which lead to a common chamber, which is the receptacle for the powder. Into the other extremity is screwed a curved

mouth piece, which by a half revolution may be made to direct the discharging extremity, either upward into the posterior nares, or downward into the fauces.

The operation is as follows:—The mouth-piece is unscrewed and removed from the tube; then the medicinal powder is introduced into the tube, and the mouth-piece is again screwed to its proper place, when the flat end of the instrument is introduced into the mouth of the patient, and passed back over the tongue to the uvula. The operator then applies his lips to the mouth-piece, and with a quick puff of the breath, blows the powder directly into the throat of the patient. In nasal catarrh, the flat portion of the instrument is directed upward, and is carefully introduced completely behind the uvula, before the powder is expelled. The mouth-piece in this case is consequently turned in the opposite direction.

This affords a very convenient method of throwing such remedies as muriate of ammonia, alum, borax, tannic acid, chlorate of potash, etc., into the air passages.

The former instrument is the invention of Mr. G. Bastian, and the latter of Dr. B. Segnitz, of New York. Both can be had of Mr. Bastian, 835 Broadway, New York.

Correspondence.

DOMESTIC.

CALOMEL AND TARTAR EMETIC IN THE ARMY.

A correspondent of the *American Medical Times*, writing from Cincinnati, Ohio, over the signature, "C. G. C,"* speaks as follows of Circular No. 6, of Surgeon-General Hammond:—

Sir:—In no communication on the subject of the Surgeon-General's order "excluding calomel and tartar emetic from the Supply Table," have I seen the results of any inquiries into the state of the sick in the army with reference to the abuse of these remedies; and I have thought it due to the profession in our country, and particularly to those glorious men of our profession in the army, to present the result of observations in the west and south-west as obtained by the medical men here.

In the military hospitals of this city and vicinity we can give you positive data.

In 25,000 patients but nine cases of ptyalism have been seen; not a case of mercurial gangrene. In regard to other points, one can only make general statements, but founded on the best sources of information.

From Louisville, Western Virginia, the army of the Cumberland and Gen. Grant's army, the same relative statements are made. One of the most eminent medical gentlemen in Indiana told me that he had seen, some two months since, over 4000 patients in the hospitals of Memphis, Helena, Miliken's Bend, and Young's Point before Vicksburg, and not six cases of ptylism. He saw a larger amount of scurvy, and it is this, doubtless, which the "political doctor" army inspectors have mistaken for mercurial stomatitis.

There are gentlemen here who have made extensive observations in eastern hospitals, and in those of the army of the Potomac as sanitary inspectors, who all concur in stating that they have seen no evidences whatever of the abuse of the condemned remedies.

The Surgeon-General states that *innumerable* cases of mercurial salivation and frequent cases of gangrene have been brought to his attention, and which has led him to strike the said articles from the "Supply Table."

It is due to science, it is due to the character of our profession, that he should publish the authors of those false statements, who have abused his confidence and attempted to degrade the American medical profession in the eyes of the world. This is another item, and alas that it has had such eminent authorization, upon which our enemies in Europe will seize, to prove that the state of medical science here is also an indication of a low civilization.

The medical men at home must stand by those who have made such sacrifices to go to the war; "they follow in the battle-field through the thickest of the fire, not to aid destruction in her work, but that they may staunch the wounds she makes," and they will scarcely be thought of in the triumph which the nation will offer to its successful warriors. Let us at least take care of their reputation so far as we are able. They feel this storm upon their reputation as intelligent men and readers of "modern pathology."

It is in proof here, that the Surgeon-General proclaimed himself against these remedies some years since, and it is therefore inferred that his order is more the result of a foregone conclusion than of official information.

If this is so, how improper is his course recently in attempting a series of ex-parte questions to obtain an approval of his order. Let me remind him of a line in Horace:—*Male verum examinant omnis corruptus judex.*

ON SPECIALTIES.

Editor of the Medical and Surgical Reporter:

In No. 354 of the Reporter I perceive an editorial on "specialties," on which I would beg to make a few remarks.

It is true that "specialties" furnish a very desirable field for quacks and perhaps tempt the educated physician to advertise in some way. Yet the question arises, does not the devotion of educated medical men to specialties, possess advantages which far overbalance the disadvantages?

* Dr. C. G. Comegys, we presume—Ed. Med. & Surg. Rep.

It is an unimpeachable fact that medicine and surgery have become a vast field of science studded with facts and aphorisms, a thorough knowledge of which is necessary to enable any one practising either of these great branches of the profession, to do full justice to those who entrust themselves to their care. To acquire a knowledge of all that is valuable, of all discovered facts pertaining to every branch of our profession and of all that is disclosed by continued research, would necessitate a perusal of volumes without number, and occupy a physician's lifetime, leaving no opportunity to put the theoretical knowledge thus gained into practice.

Look for an instant at the vast field open for our instruction and study in percussion and auscultation, in the developements made by the ophthalmoscope and laryngoscope. Can it be possible for any human being to gain a thorough knowledge of *all* these subjects? Is it to be supposed that a GRAEFE could grasp as thorough and minute an intimacy with all branches of medicine and surgery as he has of ophthalmology. Can a FLINT be as fully acquainted with every branch of our science, as he is with auscultation and percussion, or can MOTT or CARNOCHAN be expected to so fully understand ophthalmology and auscultation as those do? Or are FLINT and GRAEFE to be as well informed on operative surgery? We must all admit that the thorough study of any one of these branches is the study of a lifetime, and that we never become masters of them, even then. Where so many are industriously developing our science, how can we understand all as fully as each does his allotted subject of research? Would not our patients be better served and our profession more honored, by each one being master of his branch instead of being Jack of all and master of none.

Every man's natural taste has a decided influence upon his studies. One prefers surgery, another obstetrics, a third the diseases of infants, and each one devotes his principal study to the branch his taste leads him to prefer, and a desire for research, stimulated by taste and ambition, not by mercenary motives, are necessary to make a good physician, one destined to become an ornament to his profession, and a benefactor to his fellow man.

I do not by any means desire to be understood as holding too light a regard for an elementary knowledge of our profession; on the contrary, I deem it necessary that all should be thoroughly educated, much more so than is required by our present standard of medical education. Upon such a foundation I would have them start, and after mature consideration have each one select a branch and become as thoroughly master of it as his range of studies and investigation will permit. If he does so with honorable and laudable motives, he must acquire such a knowledge of his favorite branch as will insure him, in due season, an ample practice and obviate any necessity to *advertise*.

To see a regular physician's "specialist" advertisement is a sure indication that he has not practice enough, if any, and consequently that he is not considered as thoroughly conversant with his specialty as he would have people believe.

To publish articles, even if of an intensely special character, in medical journals, I can only consider as proper and beneficial to the profession, and were this done as well and as generally as in Europe it would much help the profession and heighten the value of our medical literature. It would be far better than to publish so many hyperbolic pamphlets and books, which are sure to get into unprofessional hands, while medical journals seldom do.

No physician having any respect for himself will allow a reporter of the press, happen to witness a "splendid operation," nor publish "illustrated pamphlets" to physicians only ostensibly, nor as before said will he advertise.

I leave these few thoughts to let your readers make their own deductions.

H. LASSING, M. D.

New York, Sept. 14th, 1863.

Army and Navy News.

Assignments of Medical Officers.

The following assignments of medical officers have just been made:

Lieut-Colonel E. P. VOLLUM, U. S. A., stationed in Washington, D. C., will report in person to Major-General Rosecrans as Medical Director of the the Department of the Cumberland.

Lieutenant-Colonel PETER PRICE, U. S. A., now in Boston, Mass., awaiting orders, will report for duty as Medical Director to Major-General Gillmore, commanding Department of the South.

Lieutenant-Colonel AUG C. HAMLIN, U. S. A., now on duty in the Department of the South, will repair to Washington, D. C., and report to the Medical Inspector-General, United States Army, as Medical Inspector of the Department of Washington.

Lieutenant-Colonel JOHN WILSON, U. S. A., upon completion of special duty in the Medical Inspector-General's office, will report to Major-General MEADE, Army of the Potomac, as Medical Inspector of that army; station, Washington, D. C.

Lieutenant-Colonel N. S. TOWNSEND, U. S. A., now on leave of absence, will, on the expiration of his leave, report in person to Assistant Surgeon General WOOD, at St. Louis, for assignment.

Lieutenant-Colonel GEORGE W. STIPP, U. S. A., now on sick leave, will report, at expiration of his leave, to Major-General BANKS, Department of the Gulf, for duty as Medical Inspector of that Department; station, New Orleans.

Lieutenant-Colonel JOHN L. LACONTE, U. S. A., now on duty as Medical Inspector, Department of Missouri, will report to Major-General COUCH, commanding Department of the Susquehanna, for duty as Medical Inspector of that Department; station, Philadelphia.

New Medical Director Appointed.

Surgeon JOHN CAMPBELL, U. S. A., has been appointed Medical Director, of the Susquehanna District, which includes this city, in place of Dr. KING, who has been ordered to the army of Gen. BURNSIDE.

Naval Orders.

Surgeon HENRY F. MCSHERRY, detached from the navy yard, Philadelphia.

Assistant Surgeon J. C. SPEAR, ordered to the navy yard, Philadelphia.

Army Medical Board.

An Army Medical Board will meet in the city of New York, on the 15th instant, for the examination of candidates for admission into the Medical Staff of the Regular Army.

The Board will consist of Surgeons J. J. B. WRIGHT, E. H. ABADIE, and Assistant Surgeon J. H. BILL, U. S. A.

Applicants must be between 21 and 30 years of age, and physically sound.

Applications must be made to the Secretary of War, or through the Surgeon-General of the Army. stating the residence of the applicant, and the date and place of his birth, and they must also be accompanied by respectable testimonials of moral character.

No allowance is made for the expenses of persons undergoing the examination, as it is an indispensable prerequisite to appointment.

There are now several vacancies in the Medical Staff of the Regular Army.

Ordered to Join their Regiments.

The following medical officers are ordered to proceed without delay to join their regiments in the Army of the Potomac :—

Surgeon W. H. GROMINGER, Sixteenth Pennsylvania Cavalry.

Assistant Surgeon A. F. HERMAN, Sixteenth Pennsylvania Cavalry.

Assistant Surgeon A. J. COLES, Eleventh Pennsylvania Reserve Corps.

Surgeon J. D. OSBORNE, Fourth New Jersey Volunteers.

Assistant Surgeon H. GROSS, Twenty-sixth Pennsylvania Volunteers.

Assistant Surgeon J. D. STURDEVANT, One-hundred-and-thirty-ninth Pennsylvania Volunteers.

Mortality in the Army.

In a report made to Acting Surgeon-General BARNES, by Dr. J. J. WOODWARD, Assistant Surgeon U. S. A., it is stated that the sickness and mortality of the Union armies during the first year of the rebellion, up to June 30, 1862, was less than in our army during the Mexican war, or the British army in the Crimean war.

Sick in the Hospitals.

Eight thousand one hundred and seventy-three patients were reported in the military hospitals of the Department at Washington for the week ending the 26th inst.

MARRIED.

MCNAIR—SHILAND.—By Rev. A. Shiland, assisted by Rev. G. L. Roof, at the residence of Dr. Shiland, West Troy, N. Y., on Tuesday, Sept. 29th, Rev. W. W. McNair, pastor of the Presbyterian Church, of Eau Claire, Wis., and Miss Jeanette A. Shiland, of West Troy.

TALMAGE—HUNT.—In Brooklyn, on Wednesday, Sept. 23d, by Rev. E. E. L. Taylor, John F. Talmage, M. D., and Maggie A., youngest daughter of Thomas Hunt, Esq.

DIED.

NANCREDE.—On the 28th ultimo., after a short illness, Maria Antoinette Nancrede, relict of the late Dr. N. C. Nancrede, in the 48th year of her age.

PUGH.—At West Philadelphia, suddenly, on the 24th of September, Dr. John M. Pugh.

METEOROLOGY.

September	21,	22,	23,	24,	25,	26,	27.
Wind	N. W.	N. W.	N. E.	N.	N. W.	N. W.	N. W.
Weather	Clear.	Clear.	Clear. White Frost.	Clear. White Frost.	Clear.	Clear. High Wind.	Clear. High Wind.
Depth Rain							
Thermometer							
Minimum	41°	45°	41°	44°	49°	40°	36°
At 8 A. M.	55	52	51	56	58	49	47
At 12 M.	63	57	63	67	56	57	60
At 3 P. M.	67	58	64	67	58	58	62
Mean	56.5	53	54.7	58.5	55.2	51	51.2
Barometer.							
At 12 M.	30.1	30.4	30.6	30.2	30	30.1	30.1

Germantown, Pa. B. J. LEEDOM.

VITAL STATISTICS.	Philadelphia. Week ending Sept. 26.	New York. Week ending Sept. 28.	Baltimore. Week ending Sept. 28.	Boston. Week ending Sept. 26.	Providence. Month of August.
Popl'n, (estimated.)	580,000	950,000	240,000	180,000	52,000
Mortality.					
Male	125	242	64	54	80
Female	175	205	59	49	78
Adults	103	210	52	44	54
Under 15 years	130	229	71	59	68
Under 2 years	93	163	46	53*	158
Total	240	447	123	103	...
Deaths in 100,000	41.37	47.05	51.20	57.11	303.84
American	184	287	...	39	126
Foreign	40	160	...	64	32
Negro	18	8	19	2	6
ZYMOTIC DISEASES.					
Cholera, Asiatic	...	...	...	...	1
Cholera Infantum	8	29	8	10	35
Cholera Morbus	...	...	...	1	4
Croup	9	14	16	4	2
Diarrhœa	3	26	...	5	11
Diphtheria	16	16	6	5	...
Dysentery	4	11	5	6	25
Erysipelas	1	1	1	...	1
Fever, Intermittent	...	2	...	...	...
Fever, Remittent	...	4	...	...	...
Fever, Scarlet	3	5	2	2	...
Fever, Typhoid	...	19	5	2	3
Fever, Typhus	9	10	...	...	4
Fever, Yellow	...	...	...	...	...
Hooping-cough	1	4	...	...	...
Measles	...	1	1	...	1
Small Pox	...	...	4	...	...
Syphilis	...	...	...	...	...
Thrush	...	...	...	...	1
SPORADIC DISEASES					
Albuminuria	...	4	...	...	...
Apoplexy	1	9	1	...	1
Consumption	23	64	21	13	10
Convulsions	11	22	2	..	9
Dropsy	5	13	2	2	...
Gun-shot Wounds	2	1	...	...	...
Intemperance	3	5	...	2	1
Marasmus	13	33	...	8	1
Pleurisy	...	2	...	...	...
Pneumonia	4	19	...	3	2
Puerperal Fever	...	1	...	1	...
Scrofula	1	2	1	1	...
Sun Stroke	...	...	...	...	1
Violence and Acc'ts	3	16	...	1	5

* Under 5 years.

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(List to be continued.)

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

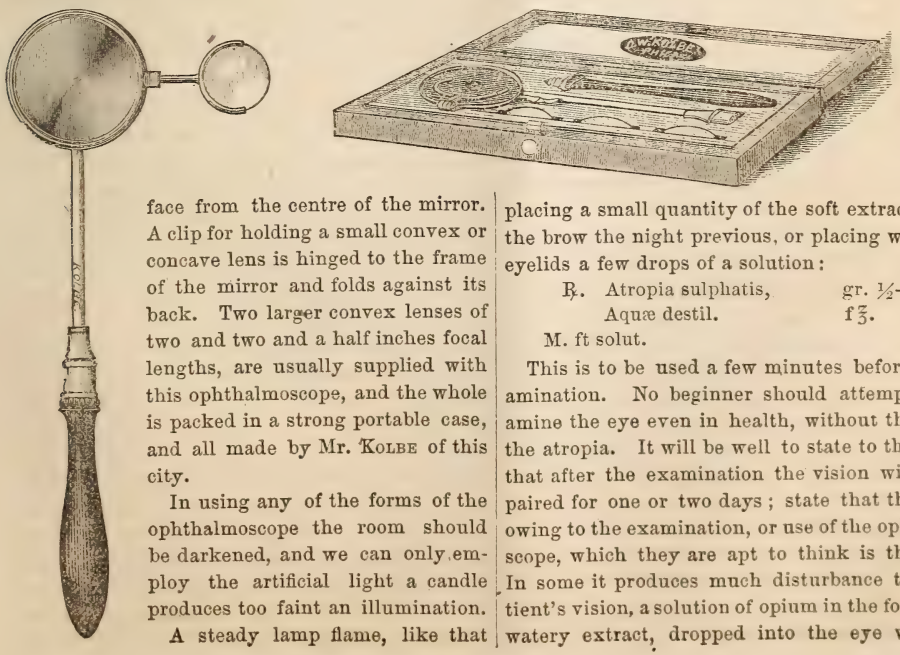
DEFECTIVE AND IMPAIRED VISION,
With the Clinical use of the Ophthalmoscope in their Diagnosis and Treatment.

By Laurence Turnbull, M. D.,
Ophthalmic Surgeon to Howard Hospital, &c.

(Continued from p. 307.)

For several years we have employed the ophthalmoscope of Coccius, as modified by Anagnostakis, but more recently that of Liebreich as seen in Fig. 2. It is a small, slightly circular concave metallic mirror mounted on a handle, and pierced centrally with a much smaller hole than that generally made in the glass mirrors. Being of metal, an accidental fall does not break it, and the smallness of the hole diminishes to a minimum the amount of central shadow in the illumination, that results from the absence of the reflecting surface from the centre of the mirror. A clip for holding a small convex or concave lens is hinged to the frame of the mirror and folds against its back. Two larger convex lenses of two and two and a half inches focal lengths, are usually supplied with this ophthalmoscope, and the whole is packed in a strong portable case, and all made by Mr. Kolbe of this city.

Fig. 2.



In using any of the forms of the ophthalmoscope the room should be darkened, and we can only employ the artificial light a candle produces too faint an illumination.

A steady lamp flame, like that used for the microscope, is required for viewing the interior of the eye; I employ a gas lamp with a Goddard burner, with a light blue chimney, made by Cornelius & Co. The best arrangement that I have seen for illumination is that at the "Royal London Ophthalmic Hospital," Moorfields. It is an Argand burner with very fine apertures, and has a piece of fine wire gauze fitted to the bottom, which subdivides the draught into a great number of small currents, which makes it very uniform. A short glass chimney, tinted blue, is preferable; a tall one produces too rapid a draught. The burner is fitted to a double jointed arm which can be raised or lowered and moved from side to side. The eye of the patient must be screened from the direct rays by a small blackened tin shield fixed to the burner.

If the pupil of the patient is dilated or very dilatable, no artificial means need be employed to produce it, but if a very thorough examination is required and the patient is past middle age, more especially if the examination is behind the iris, belladonna or its salts must be resorted to by placing a small quantity of the soft extract around the brow the night previous, or placing within the eyelids a few drops of a solution:

℞. Atropia sulphatis, gr. ½—j.
Aquæ destil. f℥. M.
M. ft solut.

This is to be used a few minutes before the examination. No beginner should attempt to examine the eye even in health, without the use of the atropia. It will be well to state to the patient that after the examination the vision will be impaired for one or two days; state that this is not owing to the examination, or use of the ophthalmoscope, which they are apt to think is the cause. In some it produces much disturbance to the patient's vision, a solution of opium in the form of the watery extract, dropped into the eye will soon

cause contraction, or an opium plaster applied to the temple will relieve it.

From recent and careful experiments of Dr. Hayden,* he proves the following facts: that belladonna dilates the pupil by inducing a state of active contraction of its dilator muscles through the sympathetic, and that opium causes its contraction by stimulating its constrictor muscle through the third or *motor oculi* nerve.

"The force which presides over active accommodation is derived from the cerebro-spinal system: the other, which holds under its control the tensor of the circular fibres, is the ganglionic system, on which opium and belladonna act with opposite effects, the former paralyzing them and the latter exciting them. We must not lose sight of the fact that the contraction of the radiated fibres corresponds to relaxation of accommodation as paralysis does to the maximum convexity of the lens.

"The tensor muscle of the choroid, like the iris, is composed of a crown of radiated fibres, implanted by their internal extremity upon a circle formed of circular fibres in the manner of sphincters. The radiated fibres placed under the influence of the sympathetic, contract in both organs under the reflex action of the sympathetic or by the action of belladonna. Opium, on the contrary, paralyzes them as does the division of the superior fillet of the cervoid ganglion, thus evincing the action of sphincters."

The experiments of Orfila have shown that persons who have died from the effects of belladonna, the cerebro-spinal centre and its investing membranes are in a state of extreme vascular congestion. But we know now that belladonna may act as an excito-motor stimulant when applied to the eye, without at all giving rise to congestion of the ocular vessels. It would appear that whether applied to the periorbital and palpebral integuments, or on the conjunctiva, it acts invariably upon the sympathetic supplied to the radiating muscular fibres of the iris, through the branches of the fifth pair of nerves distributed on those surfaces as its incident medium.

The Calabar Bean.

Next in importance to the use of opium in producing effects exactly opposite to those induced by belladonna or atropia, is the Calabar bean or its alkaloid. The first notice of its effects was by Dr. Robinson,† of Edinburg, who states that his friend Dr. Frazer informed him that he had seen contractions of the pupil result from the local application of an extract of the *ordeal bean of Calabar*. He resolved to investigate the action of the substance upon himself, and with some difficulty obtained the beans from which he made an alcoholic extract of various strengths; the strongest was such that one minim of it corresponded to four grains of the bean. The results obtained from his first experiments were, that the Calabar bean acted first on the accommodation of the eye, causing indistinct vision of distant objects to such an extent that all objects beyond eight inches from the eye, appeared dim and indistinct, but was relieved by the use of concave glasses. The next marked effect produced was contraction of the pupil, its diameter being reduced from two lines to half a line. He further proved by a second series of experiments, that it possesses the power of counteracting the effects of atropia, resembling opium in this particular. He thinks the most feasible explanation of the action of the Calabar bean on the eye is to regard it as a stimulant to the ciliary nerves. It is applicable in all instances where atropia is used to render the examination of the the eye more perfect or more simple. This includes two classes of cases; those in which dilatation of the pupil is either necessary or desirable to aid ophthalmoscopic examination, and those in which paralysis of the ciliary muscle is necessary, in order to ascertain the state of the accommodation of the eye. He also advises its use in cases of retinitis with photophobia, ulceration at the margin of the cornea leading to perforation, or even when prolapsus of the iris has just occurred, as well as in cases where the iris has a tendency to protrude through a corneal wound, but as yet he had but little opportunity to test it practically, which was soon done by Mr. Thomas Nunneley,* of Leeds, who obtained a supply of the extract dissolved in glycerine and at once availed himself of its power over the concentric fibres of the iris, by which he observes the pupil may be reduced in size to a mere speck, and the whole surface of the iris put upon the stretch; the direction of the force being from the circumference towards the centre of the membrane. The most important application was to wounds of the cornea and sclerotic with prolapsing iris, either the result of injury or in operations by the surgeon. Many plans have been suggested for disengaging the prolapsed iris, which, though occasionally successful, far more commonly fail. It occurred to Mr. Nunneley that if the iris could be kept for some hours on the full stretch, by the almost entire contraction of the pupil, it would not prolapse, and thus the corneal wound might heal by the first intention. The result of two cases in which he

* Dublin Quarterly Journal, August, 1863.—p. 51-54. Hayden on Poisoning with Atropia Belladonna and on the mode of action of Belladonna, according to Graefe. Ophthalmic Journal No. 5, p. 2[illegible].

† Edinburgh *Medical Journal* and Boston *Medical and Surgical Journal*, April 2, 1860, p. 178.

* *Lancet and Dublin Medical Press*, July 29, 1863, p. 111.

employed the bean is most satisfactory, and would quite justify the belief that if the case is seen immediately after the infliction of the injury, before prolapsus has taken place or even though this has happened, before adhesion has occurred, the iris may be kept out of the wound and this will then heal as after a surgical wound. The two cases reported were as unfavorable as possible, and the results have been far better than he could have anticipated.

UNNECESSARY AMPUTATION OF THE LEG—TETANUS—DEATH.

Washington, D. C. May 13, 1863.

J. V. P. Quackenbush, M. D.,
Surgeon-General of the State of New York:

Sir: Friday morning last I was invited by a nephew of Senator Wilkinson, of Minnesota, to call at the National Hotel, in this city, to see Colonel Newman, of the 31st New York volunteers, who had reached there from the battle-field, wounded. I called about 9 o'clock A. M. No physician had been there; none had seen him since his arrival from the battle-field. I found that he had been wounded in the left foot by a grape shot, on Sunday, the 3d of May. The ball had passed obliquely upward from the left side of the foot, crushing the anterior part of the tarsus and lodging just under the skin, but not involving the ankle joint. The ball had been removed, as the Colonel told me, from twelve to fifteen hours after the injury was received. The surgeons, including the Division Director, decided that the foot could be saved, and the Colonel was sent to this city on a stretcher, and arrived about an hour and a half before I saw him.

The opening was about two and a half inches transversely across the foot; the foot and leg nearly to the knee hot, dry, and shining with inflammation. No appearance of suppuration; painful. Notwithstanding this I told the Colonel that I concurred entirely with the surgeon in front, as to the probability of saving the limb. I recommended quietude and cold applications; washed out the wound and dressed the foot. I met Senator Wilkinson soon after my return, and he called my attention to the case, expressed himself pleased that I had called, and hoped the foot of the noble Colonel might be saved.

In the evening of the same day I called again, but Colonel Newman informed me that an army surgeon had been in, and with an ominous shake of the head had said that the foot must be amputated. I advised, as a friend, against amputation, and the Colonel was hopeful, very thankful for the encouragement, and desired to place himself in my charge. The foot and leg was yet in a high state of inflammation; the evaporation produced by the cold lotions had somewhat relieved the pain and tension and the inflammation was gradually subsiding. Each day until, and including the 11th, I called and washed and dressed the wound twice a day. On the fourth day the inflammation had very considerably abated, and suppuration had commenced. The wound in the skin and soft tissue had begun to granulate, the whole appeared healthy, and the constitutional symptoms had subsided. The Colonel's appetite was good, he slept well, and experienced little or no pain except when the limb was moved. I had not changed my previously expressed opinion as to saving the limb, but the result of the treatment confirmed me in the belief that the chances of life were better without amputation than with. Dr. Spencer, of Watertown, Dr. Green, of New York city, and five army surgeons of good standing and experience, who saw the Colonel, and the wound, expressed opinions very similar to my own. The Colonel assured me that in several instances the same opinion that I had advanced was expressed, and that the chances of life were better by waiting than by amputating the limb.

On the 11th I learned from the Surgeon-General of the United States, William A. Hammond, on whom I had called on business connected with my going to the Army of the Potomac, that he objected to my visiting Colonel Newman in any capacity, even as a friend,—that the National Hotel, at which the Colonel was stopping, was located in a certain district in Washington, and that an army surgeon had charge of the district, and that the patient belonged to such surgeon, and that I had no business to call in any capacity. The Colonel told me the same day that he was fearful the army surgeons would take off his foot that day; they had told him the evening previous that he must take a good night's rest, and he thought it was ominous of their intentions. I learned from another source that it had been determined to take off the Colonel's foot the following day, and I declined to call again. On the evening of the 11th I received the following note:

Dr. Swinburne:

Dear Sir—Will you oblige me by calling this evening. I learned this afternoon that some matters of professional etiquette would prevent your calling, and I therefore invite you. You were the first surgeon who visited me after my arrival in this city, and you gave me permission to call on you at any time, night or day. I take the liberty of holding you to your offer. Yours respectfully,

(Signed) Leopold C. Newman,
Lieut. Col. 31st N. Y. Volunteers.

National Hotel,
Washington, D. C., May 11, 1863.

In compliance with the note I called, with Dr. Spencer, of Watertown, N. Y., and found the Colonel in a state of great excitement. There had been a consultation of surgeons at his room that afternoon, and they had decided to operate, stating that they should have done so before had they not had so many cases to attend to. He was of the opinion that nothing short of taking off his foot would satisfy the surgeons, and they had assured him that he would be quite well in two or three weeks. The Colonel asked me what he should do. I advised him to get permission from the Department to continue his journey to New York, where he could have the counsel of his own physicians and surgeons. Dr. Spencer offered to accompany the Colonel if he secured permission to go. Colonel Newman had succeeded in postponing the operation that day.

On the 12th he requested permission to go home to New York, but the surgeons decided against it, and said that he must have his foot amputated or they would not attend him, and that if he did not submit to their decision in regard to him, he would be reported to the Surgeon-General for contumely, and dismissed the service. The Colonel assured me that a friend of his had been so served. The evening of the 12th when I called, the Colonel said he supposed he would be obliged to submit to the amputation to-morrow, the 13th, and that after the surgeons had accomplished their purpose in a week or two he would be permitted to go home. Surgeon McLean, of the 2d New York volunteers, called with me on the evening of the 12th. I had been with him on his invitation to see Colonel Parks, of the 2d New York volunteers, whose right leg the surgeon had skillfully amputated some days previous. He was doing finely.

On the 13th of May I did not call, but heard from Colonel Newman through a friend boarding at the National. Down to 12 M. the wound had not been dressed. The Colonel told my friend that he expected the surgeons would be there to amputate the foot that day; the Colonel had told me that he supposed there was no other way but to submit or be discharged the service in disgrace, without pay, as the surgeons had assured him he would be unless he did. A friend of the Colonel called on Dr. Clymer, who had been consulted in the case, and who appeared possessed with full power, and who gave his views after consultation with Surgeon-General Hammond on this case. Dr. Clymer told the Colonel's friend, and also my friend, that he would not give the Colonel the choice to go to New York or remain here; that he was only to remain here and have his foot amputated; that if he did not submit here they would leave him, and he should have neither pay nor medical attendance, but that they would strike him from the roll and leave him outside; that he had the authority of the Surgeon-General U. S. A. for saying this; that he had no right to receive, nor had any outside surgeon the right to give medical advice in such a case. If he did receive it, they would strike him from the roll and turn him out, and that they would have nothing whatever to do with him. And he added to the Colonel's friend. "If I find a citizen surgeon in the room looking at any of my patients, I'll kick him down stairs."

All of which, save the last sentence, corresponds with what the Colonel had stated to me on the evening of the 12th, in the presence of several gentlemen; he remarked that all these things were threatened by Dr. Clymer, in his interview with him at the National Hotel.

The following note received from a friend who watched the Colonel's case from day to day, will give a just surgical record of what occurred from the 13th to the time of his death:

Washington, D. C., June 10, 1863.

My Dear Sir: After you left on the 13th ult., Colonel Newman was troubled with but little pain, meanwhile his wound freely suppurated.

On the 16th, I think it was, the attending surgeon had ether administered to him, and what was called a "perfect examination" of his wound was thoroughly made. A small piece of leather and a bit of bone an inch in length, and a little less in width, near or from the joint of his foot, was wrenched off. It required an exertion of strength to take it out with the instrument. The next day he was attacked with "*tetanus*," with intervening spasms; a blister and opiate were resorted to. Dr. Clymer said that his only chance of life lay in amputation, and that it *ought* to have been done when he (Dr. C.) originally proposed it, as in that case there would have been no danger.* Dr. Clymer performed the operation, assisted by surgeons De Witte, Swasey, Farrel and Allen. The next day tetanus grew worse; day after, in spite of morphia and black drop, the spasms were dread-

* Dr. Clymer and his associates stated to the Colonel that the reason why he did not amputate at first, was, that he did not have the time—and that, secondly, why he wished to amputate—the surgeons had not time to attend him through so long a period as he would require surgical attention, without amputation. Thirdly. If amputation was performed he could go home in three weeks, and be fitted with an artificial leg. On the 13th, when the operation was to have been performed, it was still further postponed to accommodate the surgeons, while on the 16th the condition of the Colonel and his wounded limb was better than at any previous time after the primary stage, and was daily improving, and still Dr. Clymer says "it (the amputation) ought to have been done when he originally proposed it, as in that case there would have been no danger." Notwithstanding this assertion, the surgeons instead of amputating on the 16th, administered ether and irritated the lacerated parts to such an extent as to produce "Tetanus."

ful. For two or three days he remained in this terrible condition, till an application of chloroform to the back of the neck along the side and sciatic nerve, gradually brought relief. Appetite good, color good, and perfectly conscious. He may literally be said, by aid of medicines, to have worn out the tetanus.

On Sunday morning, the 7th inst., he was attacked with secondary hemorrhage. A good nurse was present, and a surgeon was at the bar of the hotel, and although immediately arrested, the loss of a few ounces of blood turned the scale and he died in three hours.

This noble soldier often expressed his thanks for your kindness, and could not convince himself that, in handling and dressing his wound, any hands were as soft and delicate in their touch as yours.

To bravery that knew no fear, he united the susceptibility and loving disposition of a child; and our hearts are nearly broken, and our spirits saddened at his departure. He sent for me as soon as the hemorrhage was known, but when I came he was too much exhausted to speak, and a pressure from his hand alone told that I was recognized. Comment is needless.

Respectfully, &c.

Points of Interest in this Case.

There are several points here worthy of note: 1st. The surgeons on the field decided upon the propriety of not amputating the foot of Colonel NEWMAN; that it could be saved "without amputation." 2d. That the injury was inflicted on the 3d, and the surgeons on the field decided not to amputate. When he arrived in Washington on the 8th, while the whole limb was tumefied and absolutely shining with inflammation, the surgeons in Washington wished to amputate. This was delayed from day to day and still the foot improved in spite of the depression of mind caused by the constant threats of amputation. On the 13th they demanded amputation and it was delayed—the same condition of things exist, and I learn the surgeons decide upon waiting for a few days. On the 16th Colonel NEWMAN was troubled with little pain, meanwhile his wound freely suppurated, and in fact his condition had continued to improve so that suppuration was free.

On the 16th, "The surgeons administered ether and made a perfect examination" of what? Why, a wound that you could easily put all your fingers and thumb into.

This examination resulted (as the surgeons stated) in finding a small bit of leather, and in wrenching by great force a piece of crushed bone about one inch square, from its connection with the living tissues, besides doing other irreparable injury to the soft parts. All of these loose bones, leather, &c., would have dropped out of the wound whenever loosened by nature. 3d. The 17th, (next day) he was attacked with tetanus—how significant!! Cause and effect are sure to follow. The story of the "apples" over again; you need not knock them from the tree, since if let alone they will fall when ripe; and so the bone will surely follow the organic laws of nature; *ergo*, the ignorant interference with the bone caused the irritation which resulted in tetanus, the amputation and hemorrhage followed, and the sequel—death—was the result. 4th. If amputation was to have been performed, why make the "examination" at all in the manner it was made, since the eye could scan the entire wound and the finger could easily pass through and into the wound and ascertain its condition. Then why irritate the parts before amputating at all? Since it is the desire of all good surgeons to avoid it, in order to save the shock, the pyæmia gangrene or tetanus. That the latter followed so soon after this injudicious interference, there need be no wonder.

Respectfully submitted,

JOHN SWINBURNE.

Hospital Reports.

PHILADELPHIA DISPENSARY,
OBSTETRIC DEPARTMENT,
July, 1863.

CLINIC BY E. A. SPOONER, M. D.

Reported by *J. H. Sherk*, M. D.

Corroding Ulcer of Uterus.

GENTLEMEN:—There are four diseases of the cervix uteri, involving the destruction of its tissues, spoken of in works on the diseases of women. Simple non-malignant ulceration, syphilitic ulceration, corroding ulcer and cancer. You have had abundant opportunity of seeing three of these varieties; but only one case of corroding ulcer has presented itself for treatment since we have had charge of the institution.—Judging from the number of cases of female disease treated here, this would lead you to suppose that the disease was very rarely met with; such, however, does not appear to be the case. The CLARKES who were perhaps the first to distinguish between corroding ulcer and cancer, treated many cases. CHURCHILL quoting from Dr. BAILLIE, says, "It is not unusual for an ulcer to be formed in the uterus, of a very malignant nature."

The *symptoms* of this disease are those of uterine irritation, differing only from the less serious in their greater severity. A greater amount of tissue is, of course, destroyed than in *simple* ulceration; the pain and heat in the pelvis is greater, more nearly resembling that of cancer; there may be more pain in the back; there is leucorrhœa, but the discharge is more *fetid*; hemorrhage frequently occurs; in every respect, you will notice, the symptoms accompanying this disease are very nearly those of cancer. The *pain* is spoken of by writers as differing

from that of cancer. In the majority of the cases I have seen, I am inclined to think that it may not have been of so acute or lancinating a character as that of cancer, but little dependence can be placed upon this as a means of diagnosis, for the reason that cases of cancer (as you had an opportunity of seeing some months ago, in the case of Mrs. B.) do sometimes occur in which the patient complains of very little more pain than that caused by simple ulceration. There is one, and only one, certain means of *diagnosis*, that is the movableness of the uterus. In cancer the uterus is fixed by the scirrhus deposit into the surrounding structures. In corroding ulcer it is loose and movable by the finger. In cancer the cellular tissue and glands, posteriorly, between the vagina and rectum, and anteriorly, between the vagina and bladder, are the seat of deposit. This deposit encroaches upon the vagina, in many cases, greatly lessening its calibre. In corroding ulcer, on the contrary, the vagina instead of being narrowed is enlarged by the destruction of its tissues by ulceration.

There is a possibility of cancer and corroding ulcer occurring in the same patient. Churchill mentions a case where there was extensive carcinomatous deposition around the vagina and neck of the bladder, but not implicating the uterus, which was of the natural size and movable.

Case.—Fanny R., aged 63. Born in this country. Widow. The mother of eight children, youngest 22 years of age, ceased to menstruate about eleven years ago. She came here for the first time in May last, complaining of pain in her back, heat and pain in her pelvis, etc. She said a white discharge, smelling very unpleasantly, from her vagina, commenced about a year ago, occurring at irregular periods, but that for a month or more, it had been almost entirely supplanted by frequent, profuse attacks of hemorrhage. She had lost flesh—her appetite was good. An examination per vaginam revealed the condition just described to you as corroding ulcer. The ulceration occupied the whole of the vaginal portion of the cervix. The ulcer was freely cauterized with nitrate of silver. She was ordered a mixture containing tinct. fer. chlo. gtt. x., cinch. sulph. gr. j.; and strychnia gr. 1-20, three times a day. Alum in powder, was given her, to be introduced into the vagina as frequently as necessary to check the hemorrhage. This, principally, has been the treatment she has received for two months or more, with no other effect than that of checking the hemorrhage and improving her general health. The local condition is unaltered. With the cessation of the bleeding, the light colored, fetid discharge returned.

When speaking of the *fixed* condition of the uterus in cancer, I should perhaps have mentioned the fact that there may exist another state of that organ in which it cannot be moved by the finger. I am alluding to that condition when, in consequence of inflammation, there has been an exudation of lymph into the uterus itself and into the surrounding structures. With this condition there may exist simple ulceration of the cervix; and there might, therefore, be some difficulty in distinguishing it from cancer. The history of the case, the constitutional symptoms, the character of the ulcer and the fact that simple ulceration is amenable to treatment would form sufficient for a diagnosis. We are, however, now speaking of corroding ulcer and not of cancer; at some future time, when upon the subject of cancer, I may have more to say about this condition.

Cholera.

It is stated that cholera prevails extensively among the English regiments in India. Cholera has also appeared in a malignant form in Shanghai, where the deaths are said to number 500 daily.

Editorial Department.

Periscope.

Bay Rum.

Any of our readers who have ever had occasion to visit a barber shop and have his hair trimmed, or his head shampooed, are undoubtedly familiar with the peculiar odor of Bay Rum. We have often tried to find out its origin, but failed. The following resumé of an article by Mr. J. M. Maisch in the *American Journal of Pharmacy* gives the desired information.

Bay Rum is a distilled spirit imported from St. Thomas, and probably some other West India Islands, into the United States. It is of a very pleasant and lasting aromatic odor, and is extensively used as an external stimulant particularly for the hair. It does not seem to be known in Europe, nor is it mentioned in Peisse's art of Perfumery.—Although extensively used in this country as an article of perfumery and of medicine, its origin has never been made known. It has generally been supposed to be derived from the leaves of the *Laurus nobilis, Lin.*, but perhaps simply from the English name of "sweet bay" given to this species. Though the leaves of this plant are aromatic they possess an entirely different taste and odor from that of bay rum. The sweet bay is a native of Asia Minor, and is naturalized in Europe where bay rum is believed to be unknown, and as there are numerous aromatic bays indigenous to the Western Hemisphere it is hardly probable that the *Laurus nobilis* would be cultivated merely for the purpose of procuring a distillate of fresh leaves when the markets of Southern Europe are supplied with the dried leaves and berries. The English name of "Bay" being applied to numerous species of the *Laurus*, there seems to be no reason, why that should prove a clue to the origin.

A leaf of a West India plant was brought to this country in 1854, by a trading Captain, which he asserted was the same as that from which the Bay Rum was made. The odor and taste were identical with that of the spirit. The character of the leaf was totaly different from our indigenous *Laureaceæ* and also from *Laurus nobilis*, and by those who observed it was supposed to be the leaf of a *Viburnum*. The leaves of this genus *Caprifoliaceæ*, however, are never coriaceous but deciduous, and mostly serrate or toothed, or even bilobed; their venation is also very different from that in question. Upon examination of the Herbarium of the Philadelphia Academy of Natural Sciences there was found a twig with flowers, labelled "*Laurus*——?" with the remark that it came from the island of St. Croix, and was the plant from which Bay Rum was obtained. The twig when rubbed had the peculiar odor of bay rum, while the taste resembled allspice and cloves. A description of this plant is given by Swartz, and it is a native of the West Indies and is called in Granada *Bois d'Inde*. It is common in Antigua and Jamaica as well as Barbadoes; attains a considerable size filling the woods with the fragrant smell of its leaves.

Knox's "St. Thomas, W. I.," a small volume containing a list of plants growing on that Island, mentions the *myrcia acris* with the English name *bayberry trees*, which appears to be the same as that of Swartz and others, and there seems to be no doubt that the leaves in the Herbarium of the Academy of Natural Sciences are from the plant from which bay rum is obtained, and the same as the *myrcia acris*, and that bay rum should be known by the medicinal name of *Spiritus Myrcia*. There may be other species used

for the same purpose, but whether this is really the case will have to be settled by procuring species bearing flowers and fruit from the various islands where bay rum is made. Proper specimens should be sent to our importers, and the interesting subject more satisfactorily investigated.

Ether as an Anæsthetic.

Dr. F. D. LENTE, of Cold Spring, N. Y., Surgeon to the West Point Foundry, is a strong advocate of ether in preference to chloroform as an anæsthetic. In a communication to the *American Medical Times*, he gives the following statistics of thirty-three cases that have recently come under his own observation. One object of Dr. LENTE in publishing the table is to show the fallacy of the idea that a very large amount of ether is necessary to procure complete anæsthesia. This is only due to a faulty mode of administration.

No.	Nature of Operation.	Time.	Quantity of Ether.	Sex.
		Min.	Drachms	
1	Extraction of Teeth	3	12	Fem.
2	"	4 30	14	"
3	Partial Amputation of Hand	4	16	Male.
4	Extraction of Teeth	2 30	12	Fem.
5	"	3	12	"
6	Partial Amputation of Hand	3	12	Male.
7	Exsection of sm ll Tumor	3	2	Fem.
8	Extraction of Teeth	2	3	"
9	"	3	8	"
10	Deep Incision for Palmar Abscess	Not noted	7	Male.
11	Removal of Sequestrum of Humerus	2	7	"
12	Excessive Irritability of Bladder—Introduction of Catheter	3	6	Fem.
13	Excision of Cancerous Mamma	4	10	"
14	Instrumental Delivery	3	10	"
15	Reduction of Dislocation of Ankle Joint	3 30	12	Male.
16	For Necrosis of Jaw	4	12	"
17	Diseased Bladder (Child)—Introduction of Catheter	1 30	1½	"
18	Amputation of Finger	2	16	"
19	Extraction of Teeth	6 30	16	Fem.
20	Amputation of Leg	4	12	Male.
21	Cheiloplastic Operation	3 30	12	"
22	Removal of Tumor from Neck	1 40	8	Fem.
23	Incision of Carbuncle	3	8	Male.
24	Incision of deep Palmar Abscess (Child)	1 30	5	"
25	Amputation of Arm	2	8	"
26	Removal of Neuromatous Tumor	4 30	8	Fem.
27	Reduction of Old Dislocation of Elbow	4	9	Male.
28	Extraction of Teeth	4 30	8	Fem.
29	"	2 30	7	"
30	Reduction of Dislocation of Semilunar Cartilage	5	14	Male.
31	Amputation of Arm	2	3	"
32	Crushed Foot—Partial Amputation	2	5	"
33	Amputation of Thigh	2	4	"

Of the use of ether in the extraction of teeth, Dr. LENTE says :—Quite a number of the operations, it will be perceived, consist in the extraction of teeth. In many cases from six to fourteen teeth were extracted during the etherization, the patient being all the while perfectly insensible. These operations afford a better test, perhaps, of the efficiency of an anæsthetic, than almost any other, as the patient is in an unfavorable posture, and the muscles must be perfectly relaxed in order that the operation may proceed satisfactorily.

It will be noticed, accordingly, that a larger amount of ether, and a longer time, are required in these operations than in those of greater gravity, or those more strictly surgical.

Mode of Administration.—On this subject Dr. LENTE says : As regards the inhaler, I formerly used a cup-shaped sponge, large enough to cover the face, enveloping this with several folded towels; but one made with coarse and stiff towels alone, which are generally obtainable anywhere, is decidedly preferable, and it was this which was used in the above cases. The towels are to be laid together, and folded so as to make a cone sufficiently large to cover the nose and mouth ; a handkerchief or soft cloth is then to be thrust into the apex of the cone, on which the ether is to be poured. I will describe again the mode of giving it, so as to insure the saving of time and ether; by using it more lavishly the average time might be diminished still more. A drachm or two (for an adult) are first poured rapidly into the cone, which is then approached close to the face of the patient (who has been previously directed to breathe through the nose and mouth, shutting the eyes.) If coughing be excited, a little air is allowed to enter with the vapor of the ether for a few moments ; two or three drachms more are then thrown quickly into the cone, which is rapidly replaced, and now kept closely applied to the face at every point ; frequently an additional towel is thrown over it, if the vapor seems to escape. When the patient struggles, after becoming excited, and endeavors to tear the cone from the face, it must the more resolutely be kept there, and no air allowed to enter around the edges. Sometimes the breath is held for a few moments, in which case a little air may be allowed until he breathes freely again. The pulse should always be attended to, and if this be done, no fears regarding the ether need be entertained, as no sudden effect, like that often produced by chloroform, can be produced by it. A certain amount of practice and some tact are required to get the full effect of ether with an ounce or less, and within three minutes, unless the patient is very feeble or suffering from shock. One great cause of failure lies in withdrawing the inhaler too long from the face from time to time, in order to replenish the ether, or for other causes, and not keeping it closely applied, thus cutting off all access of air except what enters through the pores of the towels ; also in allowing a draught of air in the room ; even in warm weather the apertures of the room should be closed during the first inhalation.

"Physiological and Pathological Pus."

M. JULES GUERIN, (*Gaz. Méd.*,) thus sums up the doctrine he has been so long working at : 'There is a fundamental difference between pus secreted by wounds and pus furnished in different morbid collections. In the former case it is modified blood ; the return of this fluid and the elements which compose it to their normal condition, it is *physiological* pus.—In the latter it is a contaminated fluid, changed by the morbid elements of which it is the vehicle—it is *pathological* pus. Physiological pus possesses, like the blood, a kind of vitality, while pathological pus is a dead, excrementitious product, susceptible in the highest degree of undergoing putrefaction. This great and important difference is especially appreciable with respect to traumatic abscesses and cold abscesses, constituting collections. The former require to be opened as soon as possible, and such opening ordinarily leads to no inconvenience ; while the latter, on the contrary, are innocent only as long as they are sheltered from the air, their opening almost constantly giving rise to putrefaction of the pus, and exposing to the danger of purulent intoxication. The differences are therefore not merely nominal. Numerous investigations have shown that the decomposition of the pus is especially due to oxygen, hydrogen, and nitrogen, carbonic acid taking little part in this. Putrefaction, properly so called, results from the presence in the air or in the pus itself of dead organic elements acting as ferments.' These different considerations led the author to establish his *subcutaneous method* of treatment, or treatment by *occlusion*."—*Medical Times and Gazette.*

To make Paper adhere to Tin.

The *Scientific American* says that neither paste, gum, wax, nor glue will make paper adhere to tin unless the surface is well rubbed with acetic acid, or strong vinegar. Many other acids will answer, but vinegar is always cheapest and most convenient.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, OCTOBER 10, 1863.

PREMIUMS FOR NEW SUBSCRIBERS.

In response to frequent suggestions we have determined to offer strong inducements to subscribers to aid in extending our circulation. There is no way in which a physician can spend money to better advantage than in the purchase of books. Subscribers will add One Dollar's worth of books *to their libraries hereafter, for every new subscriber they send us with the subscription money in advance for a year.* The books will be sent by mail, postage paid.

Those who send new names will please designate any book or books they wish, provided only they are published in this country, to the amount of one dollar for each new name sent with the subscription for a year in advance.

For any effort made by our subscribers to extend the circulation of the Reporter they will be well repaid in the improvements it will give us the means of making in the work. The Reporter is already the most widely circulated medical journal by far in the United States, but we are anxious as speedily as possible to double its circulation that we may be enabled to add correspondingly to its interest and usefulness.

We print on another page a list of the more important medical books published, from which selections may be made.

TYRANNY IN THE MEDICAL DEPARTMENT OF THE ARMY.

There is no surer test of the quality of manhood than the manner in which power is exercised. The monarch who is spoken of emphatically as "the wise man" chose neither long life, riches, nor the life of his enemies; but, feeling himself to be "a little child," knowing not "how to go out or to come in," asked for "an understanding heart" to judge the people that he might discern between good and bad. In thus humbly choosing, he unconsciously chose all that a more selfish and ambitious, but narrow, groveling mind would have grasped at, at the risk of losing the whole.

The mission of the medical profession is to heal the material, and to some extent at least, the mental maladies of his fellow man. When Abou Ben Adhem found that his name was not recorded in the book of those who loved the Lord, disappointed and despondingly, "but cheerily still," he said;

> "'I pray thee then,
> Write me as one who loves his fellow men.'
> The Angel wrote and vanished. The next night,
> He came again, with a great wakening light,
> And showed the names whom the love of God had blessed,
> And lo! Ben Adhem's name led all the rest!"

Such should ever be the feelings and motives that actuate the medical profession. It always makes us feel sad to read or hear of instances of dereliction of duty of any kind; of drunkenness, haughty bearing, superciliousness, unkindness, cruelty and tyranny on the part of members of our profession. In civil life, self-interest will often act as a check on that peculiar cast of mind which would lead to the manifestation of these and other vices. But clothe a man "in a little brief authority," and he will be very apt to give rein to his natural bent and ride himself headlong into deserved contempt and obscurity.

The exigencies of our great National struggle have called into the service of the Government, and placed in positions of greater or less authority, thousands of medical men. Importance has thus been suddenly thrust upon some who have proved themselves utterly unworthy of being called from their previous obscurity. Consequently they have soon degraded themselves, disgraced their profession, and been remanded—we will not say to their original status—for they will generally reach a lower deep. We have heard many complaints of the supercilious and self-important bearing and the tyrannical acts of the lower grades of surgeons, and not a few of others in higher station, whose assumed superior attainments should have been a guaranty for gentlemanly bearing, and taught them to respect themselves if they had none for their high calling. Said one, on one of the bloodiest battle-fields of this conflict, who had suddenly sprung from comparative obscurity to the position of Brigade Surgeon—"By virtue of the authority vested in me by the United States Government, I *command* you to let that patient alone." These words were addressed to one of the first surgeons of our country, who, without expectation of pecuniary reward, had, in response to a call from the Government, left a lucrative surgical practice, and undertaken a long journey at his own expense, much of it on platform cars exposed to the burning rays of a summer sun, to offer his services in an emergency in which almost any

kind of surgical aid was absolutely needed, to attend to the immediate and pressing wants of thousands of brave men who had fallen in defence of their country's life.

On another page of this number we publish an article from a responsible source, detailing a case in which a cold, heartless, tyrannical exercise of power on the part of the highest medical officer under our government, and a subordinate, who, if we mistake not, when this war broke out was engaged in mercantile pursuits, certainly not in the practice of medicine or surgery, seems to have cost a brave officer and worthy man his life. Let our readers peruse the article and note the facts. Let them observe that at a public hotel a wounded man was denied the privilege of calling in the surgical aid of one of the first surgeons in the State from which he volunteered, who was then on official professional duty from the Executive of his State, *and compelled to submit to an amputation against his own wishes and against the judgment of a number of able surgeons*, and that too, when, confessedly those who insisted on taking charge of the case, HAD NOT TIME TO GIVE IT THE ATTENTION NEEDED TO SAVE THE LIMB!

We had supposed that in the circumstances in which Colonel NEWMAN was placed, he had a right to choose his medical adviser, and that he also had a right to refuse to have his limb amputated. It seems, however, that he had no right at all that "Brigadier General" HAMMOND and his subordinate were bound to respect. If, however, there was any conventionalism, which under ordinary circumstances required the attendance of an army officer in such cases, surely under the peculiar circumstances of this case, where the army surgeons proposed to amputate the limb *because they had not time to give it the necessary attention to save it*, and where the surgeon of the patient's choice was one of high standing and acknowledged ability, and who in his capacity of surgeon was officially connected with the government of the State to which the wounded man belonged, it might have been waived, and a little courtesy shown.

MEDICAL ORGANIZATION IN PENNSYLVANIA.

We would again urge upon the attention of the profession the importance of organizing their forces in this State. Not one fifth of the counties of the State possess medical societies at all, while in several of those where they do exist, they are in a very languishing condition.

We are very sorry to see the profession of this great State, in which most of the medical teaching of the country is done, so much behind many of the other States as respects medical organization.

Let the profession in the various counties take immediate steps to organize societies, so that when our State society again meets, there will be representatives from twenty or thirty counties instead of a bare half dozen.

Something is required to arouse the profession from the lethargy into which it has fallen. We need the intellectual and social stimulus which flows from frequent intercourse. There are questions of importance to us and to the community which can be profitably discussed in these meetings; questions of modes of treatment, of new remedies and discoveries, of ethics. The feast of reason and flow of soul would be found to be mutually beneficial—a broader line would be drawn between the educated and the ignorant practitioner, the regular physician and the pretender.

The REPORTER goes to every county of the State—how many of our readers in counties where there are no medical societies will respond to the suggestions of this article and lend their influence to medical organization? We shall be happy to render any aid in our power toward accomplishing this important result.

Notes and Comments.

The Medical Schools.

From all accounts the prospect of full classes in the different medical schools of the country is most flattering. This is certainly true in regard to those in this city. A very large number of students are in attendance on the preliminary lectures at the colleges, and the clinics at the hospitals. New and more active life has been infused into the educational institutions in this city, and some of the most learned men and gifted teachers to be found in this country will this winter be engaged in imparting medical instruction in our colleges and hospitals. Philadelphia is fast recovering from the serious losses entailed on her medical schools at the commencement of the rebellion.

Clinical Reports.

The season for clinical teaching having arrived, we resume our clinical reports. We shall have a number of pens employed in this work, and shall take pains to give select and instructive cases. This is an important feature of our work, and we shall never lose sight of its importance.

Our plans for the future conduct of the Reporter involve a very heavy outlay of money, and we confidently look to the profession for prompt and efficient material support. Let our subscribers EXTEND OUR CIRCULATION and thus benefit themselves and advance the interests of their profession.

Medical Department of the University of Nashville.

We see it announced that the course of medical instruction will be resumed in this popular school the coming month. When the Rebellion broke out this was one of the largest medical schools in the country, and bade fair soon to eclipse all the rest in the size of its classes. We trust that it will soon recover its old position and usefulness. The fact that it still has the energetic and indefatigable Dr. W. K. Bowling to engineer it through, is an earnest of assured success.

Correspondence.

FOREIGN.

LETTER FROM Dr. W. N. COTE.

Paris, *September* 10th, 1863.

Scientific Congress.

The thirtieth Scientific Congress of France has just closed its annual session at Chambery, after fixing the programme of the session of next year, which is to be held at Troyes.

Nocturnal Radiation.

You are doubtless aware that in Europe and North America, about the period of sunset, and during a great part of the night, provided the sky be clear and the atmosphere calm, the temperature of the stratum of air in immediate contact with the earth is lower by two or three degrees C. than the temperature of the atmosphere at an altitude of a few feet, a fact which is accounted for by nocturnal radiation. Professor Marcet, of Geneva, has now addressed a paper to the *Philosophical Magazine*, in which he shows that this is not the case under the tropics.—His son having, during a residence of several months in Australia, district of Peak Downs, Queensland, (latitude 22 deg. S.) instituted experiments with two carefully graduated centigrade thermometers, has found that the increase of temperature between five and six feet above the ground, compared to that of the stratum, at about an inch and a half above the surface of the earth, appears to be so slight as to be frequently barely appreciable, generally not exceeding from one to two tenths of a degree, and this was the case under circumstances reckoned most favorable to nocturnal radiation, the night being generally splendid, and the sky almost always perfectly clear. Professor Marcet explains this difference between tropical and extra-tropical climates by taking into account the following circumstances: First, the heat of the sun's rays within the tropic is probably sufficient to warm not only the surface of the earth, but also the immediate strata below. Hence, after sunset, when the earth begins to cool rapidly by nocturnal radiation, the heat that has penetrated into the interior is gradually brought back to the surface, and thus contributes to prevent the cooling of the stratum of air in immediate contact with it. In the second place, in a country where the mean temperature is so much higher than in Europe and North America, the atmosphere must contain a much greater quantity of aqueous vapours, especially in regions which are at no great distance from the sea—and this vapour intercepts the passage of radiant heat. In the great African desert, indeed the oppressive heat of the day is succeeded by sudden cold immediately after sunset—but in these deserts the almost complete absence of water of any kind tends to maintain the atmosphere in a state of comparative absolute dryness, and hence the air, however warm, can no longer take up a sufficient quantity of vapour to intercept the heat radiated by the earth.

Is the Periosteum sensitive?

M. Jobert de Lamballe, in a recent paper on the regeneration of animal tissues, establishes the fact that the periosteum is insensible. This subject requires to be thoroughly discussed before adopting any formal conclusions.

Atossatura.

The Academy of Sciences has received a pamphlet from M. de Simone, in which he describes a disease which is called *Atossatura* in Sicily, and causes the death of many young mules, a few days after their birth, and after having sucked their dams, they fall sick and die without any apparent cause. M. de Simone states that this disease is attributable to a previous morbose state of the dam, which suddenly becomes fat after the first months of gestation, and has her udders filled with a serous kind of milk.

Impressions on the Retina at Death.

The following strange story is going the round of the French journals:—An English photographer, Mr. Warner, lately took a photograph of the eye of an ox a few hours after death, and on examining the impression through the microscope, distinctly perceived on the retina the exact delineation of the stone with which the slaughter house was paved, being the last object which affected the vision of the animal on bending down its head to receive the fatal blow.—The consequence deduced from this very apocryphal story is, that if the eyes of a murdered man be photographed a few hours after death, the likeness of the murderer will be found on his retina, that being the

last object he can have seen during the death struggle. Without entering upon the judicial value of evidence thus obtained, we will simply state the reasons which we consider sufficient to cast a doubt upon the whole thing. If, a few hours after death, the retina retain the picture of the object from which it receives its last impression, we must suppose the retina to possess the property not only of receiving photographs like sensitised collodion, but also of fixing them, which in photography requires a liquid different from that which renders the surface sensible. Now, hitherto, the retina has not been found to possess any such properties, one of which, it must be kept in mind, is the direct contrary of the other. If in the living subject the retina only receives momentary impressions, how and by what physiological process can it, in the dead subject, retain an impression for several hours after death? In the present state of our knowledge there is nothing to warrant such a supposition.

DOMESTIC.

SYPHILINE.

"Interdum stultus bene loquitur."

EDITOR MEDICAL AND SURGICAL REPORTER:

Though a learned man, of deep penetration, once remarked that, "he who coins words, coins himself out of existence," still I feel confident that you will excuse my originating the term "Syphiline" and on hearing the case, agree that it is a useful and comprehensive expression. This is not the result of conceit but conviction.

In very many of our medical and surgical terms the ending of a word seems as it were the *genus*, while the penult, ante-penult, etc., indicate the place, *e. g.*, "itis" signifies inflammation, and the word prefixed to this, at once declares the locality affected: for instance Bronchitis, Pleuritis, Pneumonitis, Hepatitis, etc. *Algia* means pain, hence Neuralgia, Otalgia, Odontalgia, etc., etc. Now, moreover, in medicine we have adopted the termination "*ine*" as an indication of the active principle of an herb, etc., when used as a remedy, viz.: Codine, Morphine, Strychnine, Bromine, Iodine, etc., etc.

Again, it has been the custom to name a locality, disease or even remedy after its resemblance to something generally known and strictly forcible and conclusive, for example Hernia, a branch jetting out, Pelvis, a basin, the muscle gracilis from "slender," "thin," etc., etc.

Now if Bromine comes from βρωμος, a stench, and means the active principle of a smelling substance; if Morphine is named after Morpheus, and signifies the active principle of sleep; if Pyene is the active principle of Pus, and Syphilis is so called from the Greek word "σμς," a hog, or "σιπαλος," shameful etc., why, I would respectfully ask, should we not have a comprehensive term to indicate the active principle of "hog," filth, dirt, or shame? Morever there is now wanting a term to express briefly this poison. When speaking of this disease the surgeon, at present, is forced to employ something like the following, "the *syphilitic poison*" or the "virus of pox," etc.

SAMUEL W. FRANCIS, M. D.

Newport, Sept. 25, 1863.

Army and Navy News.

Transferred.

Lieut. Col. PETER PINEO, U. S. Army, who is now in Boston, has been ordered to report for duty as Medical Inspector to Major General Gillmore, commanding the Department of the South.

Surgeon GEORGE R. JOHNSON, late Medical Inspector of the Army of the Potomac, has been relieved from duty at his own request, and transferred to the Middle Department.

Exempt from Dismissal.

The following named officers, charged with offences and heretofore published, are exempt from being dismissed the service of the United States, having made satisfactory defence in their respective cases:

Assistant Surgeon E. DODD, U. S. Volunteers.

Surgeon T. J. KELLY, 1st brigade, 3d division, 1st army corps.

Dismissed.

Assistant Surgeon L. H. PEASE, 10th Connecticut Volunteers, to date October 2, 1863.

Contracts Annulled.

An order has been issued by the Surgeon-General, annulling the contracts of the Visiting Surgeons of the different Army Hospitals in this city and vicinity.

News and Miscellany.

Hard Tack.

A correspondent of the *Vermont Phœnix* thus humorously relates his experience with this substance: "The hard tack of the army I have found not only abundant, but sweet and good; it is, however, *hard tack*, being probably the worst substance to chew used as human food. Sea biscuit and navy bread are pulpy in comparison. Few men have been long in service without breaking out more or less front teeth and grinders in cracking the rations, which cannot be crumbled or softened. Meals, too, are often taken in a great hurry, or while marching, and the hard tack cannot be dipped in coffee or fried in fat to become smoother, though perhaps not more digestible; so that, in general, these stony, almost metallic lumps pass into the soldier's stomach every day, and down undigested, causing dyspepsia and inflammatory diseases of the bowels.

"Hard tack is good, with this qualification: it can't be chewed; and is fit only for that generation mentioned by Solomon, whose 'teeth are as swords, and their jaw teeth are as knives.' So it is with good reason that our judicious Board of Enrollment exempt drafted men for loss of teeth. A cartridge can be torn with the thumb nail, but no gums can manage our army bread as now furnished.

"If it were softer, it would spoil in the hot, damp climate of the South; and the only thing is to have young men whose 'grinders have not ceased because they are few.—*Scientific American*

The British Association.

The British Association for the advancement of Science, would seem to be a respectable body, so far, at least, as numbers is concerned. We should think it rather unwieldy for the accomplishment of practical ends. The intelligent foreign correspondent of the *Presbyterian Banner* says:—

The British Association has come to a close at New Castle. It was a most brilliant and successful meeting; the whole number of members in attendance being 3,356, of whom 210 were old life-members, 35 new life-members, and 1,004 were ladies. The total receipts were about £3,600, more than defraying all expenses. Extraordinary hospitality was shown by the people of New Castle. A Committee has been appointed to make further inquiries as to the probable duration of the coal fields. Subjects of great practical interest have been discussed in connexion with the elaborate papers first read. Statistics ethnology, geography, astronomy, the food of the people, and many other topics, have been before the Association. Excursions were repeatedly made into regions teeming with minerals, and also to antiquarian ruins. Hartley Colliery was also visited—the scene of the terrible loss of life, just at the time when Prince Albert died, and for whose relief the Queen, in the midst of her first great outburst of woe, came forward so nobly. Nearly £80,000 was contributed. A considerable amount remains in hand. Widows and aged parents get 7s. 6d. per week, each; and widows with families so much per week for each child till it reaches the age of fourteen after which they can earn their own bread in that district. Of the surplus, about £1,700 will be set apart for four different colliery regions in the Kingdom, so as to be a fund for the survivors of the victims of future coal-pit accidents, and it may be to relieve those who have already been bereaved of those on whom they were dependent.

The British Association is to meet in September, 1864, at Bath, under the Presidency of Sir Charles Lyell.

Discovery of a Medical Papyrus.

Mr. A. Leith Adams, of Malta, describes a medical papyrus discovered at Thebes, which is written in a demotic character, and contains a discourse on boils, (ulcers?) fractures, and wounds on the head in general, with aphorisms, prognostics, and an oath or prayer to be used by the physician in attendance upon the sick, the whole being somewhat after the style of the Hippocratic writings and the early Grecian school of medicine.

OBITUARY.

Dr. Geo. Hayward.—Dr. Geo. Hayward died instantly of apoplexy Wednesday forenoon, October 7th, at his residence in Pemberton square, Boston, at the age of 73 years. He was widely known, not only in professional circles, but also as a prominent citizen of that community. He enjoyed a foreign reputation second to no other American surgeon. In regard to some of his operations, he was a pioneer, introducing them by his boldness and success into the range of surgical practice. He was for many years a Professor in the Medical School at Harvard University, and at the time of his death held the position of a Fellow of the College, to which office he was elected in 1852. He graduated at Cambridge in the class of 1809.

MARRIED.

Peabody—Hutchinson.—In Washington, on the 30th ult., by Rev. Jehez Fox, Dr. Adams Peabody, of Jefferson City, Mo., and Mrs. Laura W. Hutchinson, of Milford, N. H.

DIED.

McDonough.—At Paducah, Ky., on the 22d of September, Surgeon A. A. McDonough, of the 131st Illinois Regiment, of disease contracted at Vicksburg. Dr. McDonough was formerly a practising physician at Reading, in this State. He was one of five brothers who joined the army of the Union.

METEOROLOGY.

September	28,	29,	30,	Oc.1,	2,	3,	4.
Wind	N. W.	E.	N. W.	N. E.	S. E.	S. W. Cl'dy.	N. W.
Weather	Clear.	Clear.	Clear.	Clear.	Cld'y. Rain.	Hea'y Fog.	Clear.
Depth'Rain					2-10		
Thermometer							
Minimum	41°	43°	49°	43°	51°	56°	52°
At S A. M.	54	55	57	53	65	64	59
At 12 M.	66	65	62	69	71	70	68
At 3 P. M.	67	68	63	70	69	70	69
Mean	56.5	53	54.7	58.5	55.2	51	51.2
Barometer.							
At 12 M.	30.2	30.3	30.2	30.2	30	29.9	29.9

Germantown, Pa. B. J. Leedom.

VITAL STATISTICS.

	Philadelphia. Week ending October 3.	New York. Week ending October 5.	Baltimore. Week ending October 5	Boston. Week ending October 3.	Providence. Month of August.
Popl'n, (estimated.)	580,000	950,000	240,000	180,000	52,000
Mortality.					
Male	160	227	59	61	80
Female	132	221	54	46	78
Adults	143	219	47	51	54
Under 15 years	140	224	66	56	68
Under 2 years	89	157	33	48*	158
Total	292	448	113	107	...
Deaths in 100,000	50.34	47.15	47.08	59.44	303.84
American	210	262	...	74	126
Foreign	66	186	...	33	32
Negro	21	5	17	2	6
Zymotic Diseases.					
Cholera, Asiatic	...	...	...	...	1
Cholera Infantum	8	18	2	13	35
Cholera Morbus	2	1	...	...	4
Croup	16	14	10	4	2
Diarrhœa	11	12	2	8	11
Diphtheria	17	16	5	3	...
Dysentery	6	8	...	3	25
Erysipelas	2	2	...	...	1
Fever, Intermittent	...	...	2	...	...
Fever, Remittent	...	1	...	...	...
Fever, Scarlet	3	11	3	1	...
Fever, Typhoid	5	8	8	8	3
Fever, Typhus	3	6	...	...	4
Fever, Yellow	...	...	...	...	...
Hooping-cough	1	...	4	...	...
Influenza	...	...	...	...	...
Measles	...	...	...	...	1
Small Pox	2	...	1	1	...
Syphilis	...	3	...	...	...
Thrush	...	...	...	...	1
Sporadic Diseases					
Albuminuria	...	7	...	...	...
Apoplexy	2	4	...	1	1
Consumption	35	88	19	18	10
Convulsions	9	30	2	2	9
Dropsy	5	16	5	2	...
Gun-shot Wounds	1	...	...	...	...
Intemperance	2	4	...	...	1
Marasmus	11	32	...	7	...
Pleurisy	...	1	...	...	2
Pneumonia	9	20	...	8	...
Puerperal Fever	...	...	...	...	...
Scrofula	3	2	...	...	5
Violence and Acc'ts	9	18	...	2	1

*Under 5 years.

TO CORRESPONDENTS.

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THE

MEDICAL AND SURGICAL REPORTER.

No. 361.] PHILADELPHIA, OCTOBER 17, 1863. [Vol. X.—No. 25.

Original Department.

Lectures.

DEFORMITIES OF THE NECK.

By Prof. Louis Bauer, M. D.,

Of Brooklyn, N. Y.

(Continued from page 295.)

Some of the casual deformities of the cervical region are of a spastic character, periodical in their appearance, limited in extent, troublesome in duration and scarcely amenable to any other than surgical treatment. We have seen but a few cases of that description, but judging from the numerous records of like cases, we entertain no doubt as to their frequency.

Their causation is mostly obscure. Sometimes direct injury upon the cervical portion of the spine by fall or blow, or a previous concussion of the spinal cord may be charged with being the cause of the trouble. In others we may discover hyperæsthesia of the same organ, but whether this be the cause or the result we are often at a loss to determine. In exceptional instances a prior choreal affection in childhood has continued to later years. Mental effects, the repeated sights of epileptic patients and hysteria are likewise suspected as remote causes. And still oftener no cause at all can be assigned.

Much is thus left to speculation and chance. All authors agree in the observation that but little or nothing can be achieved by the most diversified medicinal treatment; whether this be from the intricacy of the cases, the obscurity of their causation, or their habitual character, we feel not prepared to determine. On the other hand the orthopædic knife has, in many cases, been found a serviceable, and in some the only remedy. Hence a new field has been opened to orthopædic exploits, and to a certain extent that field has been successfully broken. In order to maintain the rising credit of tenotomy and myotomy in this class of ailments, we should strictly qualify their indications. We believe that the operation should be reserved for old cases and those in which but the superficial stratum of the cervical muscles is implicated. It would be unwise to resort to operative measures in recent troubles of this kind and before the spasm has become stereotypical, for milder remedies may suffice or the spasm may yet change from one group to another.

Why the deeper muscular strata should be precluded from the use of the knife is self-evident.

The diagnosis, although generally easy, may occasionally be difficult with reference to the exact seat and extent of the clonic spasms, more especially when the deeper muscular strata are involved. For it is a well known fact that the affection does not always display the same degree of violence in different muscles, nay, even in the different parts of one and the same muscle. Thus the more intense spastic contraction of one muscle would naturally obscure that of another less agitated one. And again, the spasm successfully overcome by the knife in one muscle may soon reappear in another. All these circumstances should teach us precaution as to the prognosis.

Inasmuch as we have already acquainted you with the method of performing tenotomy and myotomy, we shall lose no time at this juncture with superfluous repetitions. A surgeon who is not capable of appropriating principles or technical maxims in new exigencies without somebody else doing it for him, is scarcely fit for that responsible position. But that you may fully understand the sort of cases we had in view in our discourse, and their management, we propose briefly to sketch some in illustration.

1. In April, 1836, Stromeyer took charge of the case of a lady, then some 30 years of age. As a child she had enjoyed good health. During infancy she had been a casual witness of the acquired epileptic paroxysms of her brother. But for a short period she had been affected with eczema of the hands. Later, her nervous system had exhibited an increasing excitability without giving her however any serious trouble. About seven years previously, the patient was noticed to incline her head toward the shoulder, which was however set down as affectation. In the spring of 1835 the patient experienced a sudden fright, and from that time the spasms became more apparent, and grad-

nally increased in vehemence. When Stromeyer first saw her he found her in a reclining position on a sofa, the head being carefully supported by pillows. On rising, the distortions became manifest. The head was, with sudden jerks, pulled toward the left shoulder, so as almost to touch it, whereas the face was turned to the right so that the left ear came almost in contact with the sternum. The left side of the face became distorted, the left eyeball protruded, and the countenance manifested the expression of terror. In a few seconds the spasms subsided and the head could be borne erect, in order to return again with the same vehemence in about the same space of time. Whilst the spasms lasted it could be clearly discerned that they were located in the sterno-mastoid muscle, which shortened to the half of its length and projected with its contours accordingly. Mental excitement and local irritation would augment the ephemeral contractions, whereas extension would diminish or even prevent them, though causing painful sensations along the affected muscle. During sleep the spasm became quiescent.

Although for a year forced to a reclining position, and deprived of out-door exercises, yet her general health had suffered but little. Her nervous system exhibited of course that excitability which is usually coupled with such troubles. The patient had been subject to various medicinal treatment, the use of mineral waters, etc., but she had derived not the smallest amelioration therefrom.

On the 26th of April, Stromeyer subcutaneously divided the sternal portion of the affected muscle, in which the spasm seemed to be centred. The momentary relief was most striking. The spasm at once subsided, and the patient could easily control the position of the head. Nevertheless, and in spite of subsequent extension by an appropriate apparatus, the spasms recurred in the undivided portion of that muscle. On the 26th of May, the sternal extremity was likewise divided. The patient now quite relieved, went into the country "rejoicing," and took Driburg Spæ as an after treatment. In September she returned with new spastic agitation at the cervical region, in which, however, the reunited sterno mastoid muscle took no part. The examination disclosed the clavicular portion of the trapezius muscle concerned in the automatic movements. The division of that stratum removed the last vestige of the trouble.

For a similar affliction of a merchant, Bujalsky, in Petersburg, excised pieces out of the two external branches of the accessory nerve with but temporary relief.

Amussat's case, *Gazette Médicale*, Dec. 1834, No. 52, presents great similarity with that of Stromeyer. The case had been of six years duration, and the affected sterno-mastoid muscle had become substantially hypertrophied, when the author divided the same. The result was instantaneous and lasting.

One of our cases occurred in a justice, 55 years old. The clonic spasms of both trapezius muscles had existed for three years when we took charge of it. Its cause was doubtful; whether from rheumatism or the removal of a lipome from the right suprascapular region, or any other cause, could not be satisfactorily determined. The general health of the patient had not suffered. The spasms had once ceased during an attack of typhoid, but recurred with convalescence. They became likewise suspended whilst the patient was asleep. All sorts of treatment had been vainly tried. The subcutaneous division of the affected muscles afforded permanent relief.

The other case comprised the right cervical muscles in a middle aged gentleman, and was likewise of several years duration. A fall with the cervical region upon a projecting substance had evidently been the cause of the affliction. The spastic movements of his head were twofold, rotatory toward the left and strongly inclining toward his right shoulder. They seemed to emanate from the right sterno-mastoid and platysma-myoides muscles. But the division of them brought but an indifferent amelioration, on account of the deeper muscular strata being likewise involved. Thereupon we proceeded to divide the scaleni muscles, which were the most tense under extension. We commenced the operation by a three inch long incision at the external margin of the sterno-mastoid muscle, and near its thoracic insertion. Having divided the fascia in the usual way, we cautiously dissected the subjacent connective tissue and fat, employing scissor, director and scalpel handle in preference to the knife. Thus we approximated the scalenus anticus which presented its contours in the base of the wound. Next we isolated that muscle behind, placed it upon the director, and divided it half an inch above the passing subclavian artery. Becoming however convinced that the deeper cervical muscles took part in the spastic distortions, we rested there with our operation. The wound gave us no trouble; no hemorrhage attended the proceeding. The patient was by no means cured, but so materially benefited that we had no cause to regret the operative attempt. As far as we have been able to trace the patient's whereabouts, we have ascertained that the violence of the spasm has been effectually broken, and that he is now able to control the remaining inconvenience by a stiff necktie made of leather.

[To be continued.]

Communications.

SURGICAL CASES.

By Prof. Louis Bauer, M. D.

Of Brooklyn, N. Y.

White Swelling, Caries of the Kneejoint—Total Exsection—Recovery.

Ellen McMahan, aged 16 years, was admitted into the Brooklyn Medical and Surgical Institute on the 24th of September, 1861, suffering from an affection of the right knee joint. Her father had died of an acute disease, and her mother was still alive and well. About nine years previously the patient had been attacked by measles. Since then she had experienced pain and swelling of the articulation, which, from additional contraction of the ham-strings, had eventually become useless.

On admission, her condition was as follows: general health tolerably good and menses in order; the surroundings of right knee joint considerably intumised so as to exceed by 1½ seconds the circumference of the other; temperature moderately increased; color little changed but spotwise of a red and red-brown hue; but little pain on pressure; contours of the articulation obscured; fluctuation distinct at the discolored places, otherwise obscured: patella from the flexed position of the limb immovable, and displaced toward the external condyle of femur; the tibia rotated on its axis; eversion of the foot; contraction of ham-strings; rectangular flexion of the member; within the mentioned limits, mobility of the joint without distinct crepitus. Rest had been good up to a very recent period, but of late had become disturbed by "nocturnal pains." In the day time she is a little disturbed by soreness and fixed dull pain of the articulation, not enough though to prevent her walking about on crutches. Affected limb in general attenuated. Patient is not aware that the recent increase of the symptoms has been brought on by any sort of injury.

Although there was *no positive evidence* of articular caries, yet the case was set down as such from its duration, the fluctuation and intumiscence of the soft parts.

In correspondence with the surgical principles established by the author, it was decided—

1st. To relieve the joint of its morbid contents by carefully executed valvular paracentesis.

2d. To divide the contracted ham-string muscles, and

3d. To bring the extremity by force in a straight position.

In the beginning of October this programme was carried out without any untoward circumstance. On that occasion about 2 ounces of pus were obtained, which was certainly of "laudable" appearance, indicating under the microscope that it had already entered upon a fatty metamorphosis. On extending the extremity hard crepitus was clearly perceptible, and thus the diagnosis confirmed. The articulation was then surrounded by closely applied adhesive strips and the extremity secured in a straight iron splint.

During the ensuing week all went on well, the patient enjoying perfect immunity from pain; all she felt was a moderate heat in and about the parts immediately concerned. When at the end of that time the dressings were removed, a new articular collection became noticeable. Otherwise there was no material change in the general aspect of the articulation, except that the discoloration had slightly spread and the integuments at the corresponding places had become more rarified.

Another puncture being determined on and performed, furnished a more limpid but otherwise homogeneous and well constituted pus. The treatment had thus lasted sixteen days, when the increasing suppuration of the articular surface, accompanied by proportionate constitutional disturbances, rendered the necessity obvious of removing the disintegrating structures.

At this juncture a careful analysis was duly made of all the circumstances that had attended the case since its reception. The treatment had been entered upon with a view of arresting the disease by removing all its collateral complications. Doubts were indeed entertained whether such a result could be possibly accomplished. The case had of late been slightly aggravated by causes not known to either the patient nor to the attending surgeon. The inference seemed to be rational that the morbid condition of the affected structures was a sufficient cause for the recent change. Next, it was impossible to arrive at a definite diagnosis of the actual disease of the joint before the contents of the same had been evacuated. The puncture was therefore designed as both explorative and curative. When the hard crepitus of the articular faces was thus ascertained, no farther doubt existed as to the actual state of the bones. The caries of the same was proven by the presence of pus and crepitus; but the hardness of the latter seemed to indicate that there was likewise necrosis. When this fact had been established, the inference seemed natural to attribute the recent aggravation of the case to the process of elimination of a superficial sequestrum not yet completely detached. It then became obvious that the curative object could not be accomplished for which the programme had been laid down. The eventuality of resection presented itself as next in order, by no means unforeseen. Nevertheless the original plan was strictly adhered to as preparatory to impending resection. For it will be remembered that surgeons frequently

complain of the trouble to retain the bones in proper apposition, and for this very reason the wiring of the same has been resorted to. In one of the cases of resection of the knee joint, by Prof. Post, of New York, brought before the Pathological Society of that city, that accomplished and learned surgeon remarked, that the contracted ham-string muscles had first opposed the complete extension of the extremity and subsequently disturbed its rest and position by frequent muscular agitations. So important an observation was not lost upon the author, who since many years has paid particular attention to the reflex functions of the spinal chord, more especially with reference to articular maladies. The reason why the ham-strings were divided in the present case, explains itself.

It can scarcely be said that the preceding operation might have possibly precipitated the issue of an exsection of the knee-joint, because the local trouble evinced already an aggravation when the patient was admitted to the Institution, and because the operation was not followed by reactive symptoms that would justify such a supposition.

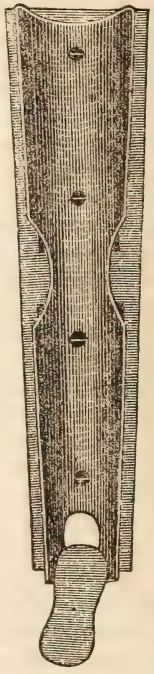
Although the patient had readily given her consent to the operation, a few days elapsed before the latter was performed. During this interval the extremity was relieved from all constraint of dressing or splint. Nevertheless it preserved without change its extended position. Meanwhile the suppuration speedily advanced, and the integuments became at places so thin as almost to give way; the patient suffered but little from pain. The motion of the affected knee became at last so free in all directions that no doubt existed as to the softened and partially destroyed condition of the crutiated and lateral ligaments.

On the 25th of October the operation was proceeded with, the patient being in profound anæsthesia. There is no need of adverting to its details, inasmuch as the ordinary method had been adopted. The two articular surfaces and the patella were removed, the former by a wide bladed saw, which I deem preferable to narrow bladed ones. Previous to closing the wound I carefully dissected out all serous membranes from within and the neighborhood of the joint, which, according to Billroth, often protract the closing of the same and endanger the final result of the operation.

In all I removed but 1½ inch of bone, and at that I left perfectly sound and freely bleeding surfaces. The hemorrhage from that source prostrated the patient considerably and required the free use of ice and tampons before it could be arrested. The reaction was therefore slow, and stimulants had to be used to some extent to bring the patient to. The bones were brought in close apposition by silver wire. Whether this was still necessary after the flexors had been divided, may be questioned. Yet inasmuch as in a prior case of mine, no inconvenience had been derived from the wire, whereas it had done good service in steadying the extremity, I concluded to apply again two wire slings.

At last the limb was placed into an iron splint of a peculiar construction, giving firmness and easy access to the limb. The splint (Fig. 1,) is very simple. At the knee cut out so as to leave it free; with a foot-board and fastened to a piece of board so as to prevent rolling over. This plain contrivance so completely answered all requirements that there was no need of the costly apparatus of Billroth and others. The patient was at three o'clock P. M. safely placed in bed. At six o'clock P. M. reaction was not yet complete, and the patient vomited freely. From that, however, recovery proceeded fairly, and was accomplished in ten weeks, when she left the establishment.

Fig. 1.



The after treatment was exceedingly simple. Warm water dressing under oil silk, and occasional warm local baths were used as long as suppuration continued. Every three or four days when the dressings were renewed, the patient was placed in a sitting posture in the bath and left therein for some 20 or 30 minutes. Whilst the extremity was carefully supported the dressings were taken off, the limb nicely cleaned and the wound syringed: then placed on a table, and the dressing and splints readjusted. Meanwhile the bed was made, and thus cleaned and rendered comfortable, she was replaced upon her water bed, which she used during the whole time. I need scarcely say that the patient owed her safe and comparatively speedy recovery to the care in good nursing and handling she received during her stay at the Institution.

Six months after her discharge from the same, I had her photographs taken. In one (Fig. 2.) the bare limb is represented, which shows the form and cicatrix of the knee. In the other (Fig. 3.) the limb is surrounded by the instruments which she was directed to wear for the first year in order to get perfect consolidation. In concluding the foregoing case I may be permitted to state that on a recent examination the bones had perfectly united, so that not the slightest mobility remains. The entire extremity is but ¾ of an inch shorter, well nourished and useful, and the constitution of the patient is as robust as if she never had undergone the least ordeal.

Fig. 2.

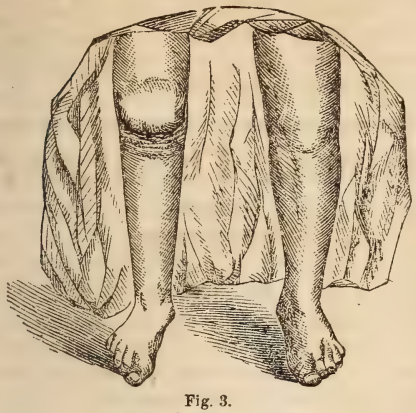
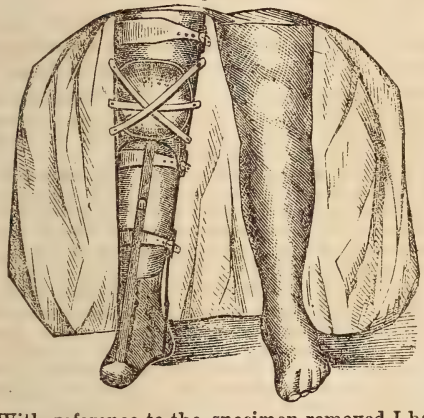


Fig. 3.



With reference to the specimen removed I have to add, that the articular surfaces of both femur and tibia, and of the patella, were found to be corroded, and that on the external condyle of the former there was a flat piece of dense and evidently necrosed bone in progress of detachment. The ligaments had undergone softening and partial destruction. The synovial membrane was infiltrated with gelatinous material and exhibited luxuriant development of connective tissue.

This is the second case of total exsection of the knee joint I have performed; that of Shaw, reported in these pages, being the first. In either case the local result was satisfactory, whilst their respective management, though in point of cleanliness and dressing rather laborious, did not offer any difficulty whatsoever. At any rate I had not to contend with the much complained of displacement of the bones. Whether this is owing to the previous tenotomy of the flexor or to the use of wire in fastening the bones to each other, or to both, I leave the reader to decide.

Cholera at Bombay.

A sharp visitation of cholera in Bombay, has carried off several Europeans, but the scourge has now disappeared.—*Lancet.*

PLACENTAL PRESENTATION.

By J. H. Sherk, M. D.,

Of Philadelphia.

Placental presentation was considered by those who first noticed its occurrence, as accidental. The placenta was supposed to have become loosened from its attachment to the fundus or sides of the uterus above, and to have fallen down over the mouth of the womb. Although the possibility of such an occurrence may not be positively denied, we at present understand the term "Placental Presentation" as referring to that condition in which the placenta is implanted over the os uteri. in like manner as it is to other parts of the uterus when more fortunately situated.

Since the connection between the uterine vessels and those of the placenta is the same in placental presentations as when the placenta is situated elsewhere, there must, necessarily, upon the dilatation of the os, be some loss of blood. This hemorrhage is, indeed, the great danger in cases where the placenta is thus unnaturally attached; so great, that in those instances where it entirely covers the uterine orifice, death is considered almost certain, unless the woman be artificially delivered at the earliest moment possible.

The delivery is most easily accomplished in the majority of cases, by dilating the os uteri artificially, if it be not already sufficiently dilated, introducing the hand, separating the placenta from the uterus and bringing down the feet of the child. It has been recommended by those who subscribe to the theory that in uterine hemorrhage during labor, the blood proceeds from the "separated portions of the placenta" and not from the uterine vessels, that the placenta be withdrawn before the child. Every practitioner of midwifery knows that we frequently have hemorrhage when the placenta is entirely detached; and that we can depend upon uterine contraction alone to check uterine hemorrhage. These facts, to a *practical* mind, must at once prove the absurdity of such a theory. Ramsbotham says, "the hand being completely within the uterus, the passing it onward to the child's feet and bringing them down would be much more easy than separation of the placenta; and that leaving the child *in utero* after that mass was withdrawn, to be expelled by the natural powers, would be to run the risk of a persistence of the hemorrhage, and of the woman's sinking under any additional discharge that might afterward ensue." When the placenta has been removed and the hemorrhage still continues, we are to attempt delivery by turning or the forceps; if not successful we must resort to craniotomy.

It is not my intention, however, to enter into the particulars of the treatment of placental pre-

sentation, but to give a short account of a case that occurred to me a month or two ago, in the management of which I found it necessary to resort to means other than those above mentioned to secure the safety of the mother. I saw Mrs. A——, the wife of a poor Irish laborer, for the first time at 9 o'clock in the morning, August 7th last. According to her own calculation she was to be confined about the 1st of September. She had, however, suffered from what she considered labor pains for eight or ten hours previous to my visit. Trifling hemorrhage from the vagina had frequently occurred for six months or more; during the last two weeks she had been bleeding almost continually. Her strength was greatly reduced. An examination per vaginam at once revealed the nature of the case to be that of placental presentation. There was dilatation to the extent of an inch in diameter. The placenta could be distinctly felt through the orifice, lobular, fleshy, and connected with the inner surface of the os. No mistake could easily be made in the diagnosis. The hemorrhage at this time was very slight. I enjoined *quiet*, and expressing the belief that she would not immediately need assistance, I left the house, promising to return in an hour if not sooner sent for. I returned and found matters unchanged, very little blood indeed having passed. At 3½ P. M. I again visited her; she was now bleeding quite freely. The uterus acting feebly. The os was dilated to an extent sufficient to admit of the introduction of the hand. The placenta covered the whole of the opening, but upon introducing the finger into the os on the left side, the edge could be plainly felt. Beyond the placenta the membranes were covered by a soft, fleshy substance, easily torn. I prepared to turn. She was extremely nervous, and upon the introduction of the hand into the vagina she conducted herself in such a manner, as to make an attempt at version, without assistance (there was no one but a very ignorant woman in attendance), a very hazardous undertaking. I sent for assistance and forceps. I could however wait for neither. The bleeding increased, and the case became one demanding immediate interference. I administered stimulants with two drachms of wine of Ergot (I had a reliable preparation), then insinuated my finger over the edge of the placenta, on the left side, and, with great difficulty, ruptured the membranes high up. The hemorrhage immediately increased to an alarming extent. She gasped—fainted. Gave her more brandy and half an ounce of wine of Ergot. She recovered from her swoon, and with her recovery came powerful uterine contractions. The child was expelled in two pains, pushing the placenta, with a fold of the umbilicus hanging over it, before it. At twenty minutes wanting of 5 o'clock the woman was bandaged and comfortably placed in bed. Stimulants formed the main feature of the after treatment. She had an ordinary convalescence. The child, a boy, weighing about five and a half pounds, lived two days.

Editorial Department.

Periscope.

The Plague.

The following very interesting extracts from "Wild Scenes in South America, or Life in the Llanos of Venezula," by Ramon Paez, we copy from the *Boston Medical and Surgical Journal*:

"The price of horses in the country is greatly enhanced of late in consequence of a devastating disease, which has been raging among them for several years past. . . . . Great numbers of the inhabitants were also carried away by the same scourge, which swept over the land like the cholera not even sparing the fish in the rivers.

"This frightful epidemic, which the Llaneros have appropriately styled *Peste*, or plague, is supposed to have originated in the great primeval forest of San Camilo, at the head waters of the Apure, from decomposition of the vegetable detritus accumulated there during centuries. From thence, travelling eastward along the course of the river, the epidemic continued its ravages among the inhabitants of the towns and villages situated on the right bank, attacking first one place and then another, until the whole province scarcely escaped depopulation. Even when the mortality abated, the country, which until then had possessed a most healthful climate, never recovered its former salubrity; fevers of a more or less dangerous character prevail from that time, especially towards the end of the rainy season, while the raising of horses has been entirely abandoned in consequence.

"The first symptoms of the epidemic appeared among the crocodiles, whose hideous carcasses might then be seen floating down the stream in such prodigious numbers, that both the waters and air of that fine region were tainted with their effluvium. It was observed that they were first seized with a violent fit of coughing, followed by a black vomit which compelled them to quit their watery home, and finally find a grave amongst the thickets on the river banks. The disease next attacked the fish and other inhabitants of the water, with equal violence, until it was feared the streams would be depopulated. The fearful mortality among them can be better estimated from the fact that, for more than a month, the rippling waves of that noble river, the Apure, were constantly washing down masses of putrefaction, its placid surface being by them actually hidden from view for several weeks.

"The next victims were the pachydermata of the swamps, and it was a pitable sight to see the sluggish *chiguires* (capyvaras) and the grizzly wild-boars dragging their paralyzed hind-quarters after them; hence the name of *derrengadera*, applied to this disease.

"Not even monkeys in their aerial retreats, escaped the contagion, and their melancholy cries resounded day and night through the woods like the wailings of the eternally lost.

"It is a singular fact, that while the scourge did not spare any of the countless droves of horses roaming the savannas of the Apure and adjacent plains, don-

keys and horned cattle were seldom, if ever, attacked, so that, by their aid, the owners of cattle-farms were enabled to prevent the entire dispersion of their herds."

The following may account for the occasional development of malignant pustule among those who handle hides from South America:—

"It was late in the evening when we partook of our only meal that day, and we afterwards retired to rest, but not to sleep, owing to the incessant noise made by the cattle in the corrals, who, during the whole night, were rushing to and fro as if goaded by demons. Sometimes we feared that the fences would give way before their mad onset, while the dust rose in suffocating clouds, filling the atmosphere and mingling with our food, which was thus rendered almost unfit for use. The bellowing, roaring and moaning of the herd could only be likened to the wild confusion of a battle-field. Many of the savage bulls in their fury turned their horns, sharp as bayonets, against their own kindred. The proud padrote, his dusky mate, and the tender heifer, shared alike in the slaughter. The next day numbers lay gored to death in the dust of the corrals, while others presented ghastly wounds. Soon the carcasses began to putrefy, which, added to the particles of dust floating through the air we breathed, rendered the atmosphere intolerable. Many more of the cattle died of suffocation, and others from an infectious disease induced by the crowded state of the herd and the noxious exhalations from the carcasses. We therefore lost no time in branding them that they might be set free, lest the infection should extend to the whole herd.

"Animals affected in this manner exhibit no symptoms of the disease until immediately prior to their demise, when they are observed to stagger a few paces and drop suddenly, as if shot by a rifle-ball; and yet the vultures seem to possess an intuitive knowledge of this approaching dissolution, in proof whereof, numbers of these feathery satellites of death can be seen hovering around an animal which the scourge has doomed, although it is apparently still in perfect health. The infection, fortunately, is confined to the horned cattle, no instance of its transmission to other creatures occurring, except in the case of men venturing to skin the carcasses, when it assumes a different form. Persons who have thus exposed themselves are seized with a horrible swelling of the neck, commencing with a pimple not larger than a pin's head, and gradually increasing in size until it extends to the cerebellum. Death is the inevitable result if the patient is not promptly attended by a skillful physician. There were two or three cases of the kind among our own people, but by careful treatment we were fortunate enough to save them. There are, however, every year, many poor fellows in that improvident region, who, not having the same advantages, are carried away by the distemper."

Rupture of the Heart.

The following case of rupture of the heart, and other injuries, the result of what would appear to be a very inadequate cause, we find in the *Boston Medical and Surgical Journal*.

The following is the report of the *post-mortem* examination of a man who came to his death in Providence, last week, under these circumstances. He entered the house of another person, who was lying upon the bed recovering from a fit of intoxication, a scuffle ensued, and shortly afterwards the deceased was found in a dying condition, or dead, by the outer door.

"We, the undersigned, physicians of the city of Providence, county of Providence, and State of Rhode Island, being called upon to make a *post-mortem* examination of the body of Hugh Tierney, at the Police Station on Canal street, in this city, do testify to the following: Upon the right side of the forehead was a bruise breaking the skin, one inch and a quarter long by a quarter wide. There was a smaller and lighter bruise upon the left side of the forehead. There was a fracture of the bones of the nose and of the edge of the superior maxillary bone, all evidently done by one and the same blow. There were no other marks of violence upon the body. Before opening the chest and removing the breast bone, it was found fractured midway between the fifth and sixth ribs. On the inner side of the breast bone, on the right edge, was effused blood, the result of this fracture. In the loose cellular tissue under the breast bone, called the anterior mediastinum, was effused a large quantity of coagulated blood, extending the whole length of the breast bone. The pericardium, or heart sac, was distended to its utmost with clotted blood and its serum—probably a pint and a half. Upon removing this we found a rupture, above one inch in length, in the ascending cava, or the large vein that brings the blood from the lower part of the body to the right side of the heart. Upon further examination, we found a rupture of the left auricle, near a half inch in diameter. This rupture was at the apex of the auricle, commonly called the dog's ear. There was also a tear of the heart's sac itself more than two inches, at the point where it is reflected from the base of the heart and large vessels, from which escaped the blood found in the mediastinum mentioned above. Upon opening the heart, there was found a laceration of the living membrane of the heart, at the base of the wall dividing the two auricles, three quarters of an inch in length. There was a rupture of the membrane covering the liver, three inches in length, and effused blood had peeled it up over a space of three or four inches. About two ounces of clotted blood was found in the abdomen, from the rupture of the liver.

"From the foregoing facts, the undersigned give it as their opinion that the said Hugh Tierney came to his death from rupture of the heart, caused by violence.

J. W. C. Ely, M. D.
G. L. Collins, M.D.

Organic Cells.

The *Intellectual Observer* gives in this month's journal an epitome of Karsten's paper on the "Development of the Organic Cells" (*Poggendorff's Annalen*). Karsten finds that the cell wall is not simple, but is composed of several cells placed one within the other. These are frequently regenerated from within outwards by the unfolding of the nuclear cell. Each of these cells passes through a course of development peculior to itself. The so-called nucleus is a nuclear cell. . . . What are called the constrictions or segmentations of the cell-nucleus belong in fact to the same category as the so-termed germinating cells. These forms are produced by the excessive development of daughter cells in a fully vegetating parent cell which is in course of destruction. . . . . The rotation of the cell juices appears to be a mere phenomenon of diffusion, endosmosis co-operating on the one hand, and the property of assimilation possessed by the inclosed cell wall on the other, in a continuous act of intermingling the materials concerned.—*Dublin Medical Press.*

To Destroy House Flies.

It is perhaps not generally known that black pepper, not red, is a poison for many insects. The following simple mixture is said to be the best destroyer of the common house fly extant:—Take equal proportion of fine black pepper, fresh ground, and sugar, say enough of each to cover a ten cent piece; moisten and mix well with a spoonful of milk (a little cream is better); keep that in your room, and it will keep down the flies. One advantage over other poison is, that it injures nothing else; and another that the flies seek the air, and never die in the house—the windows being open.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, OCTOBER 17, 1863.

PREMIUMS FOR NEW SUBSCRIBERS.

In response to frequent suggestions we have determined to offer strong inducements to subscribers to aid in extending our circulation. There is no way in which a physician can spend money to better advantage than in the purchase of books. Subscribers will add One Dollar's worth of books *to their libraries hereafter, for every new subscriber they send us with the subscription money in advance for a year.* The books will be sent by mail, postage paid.

Those who send new names will please designate any book or books they wish, provided only they are published in this country, to the amount of one dollar for each new name sent with the subscription for a year in advance.

For any effort made by our subscribers to extend the circulation of the Reporter they will be well repaid in the improvements it will give us the means of making in the work. The Reporter is already the most widely circulated medical journal by far in the United States, but we are anxious as speedily as possible to double its circulation that we may be enabled to add correspondingly to its interest and usefulness.

We print on another page a list of the more important medical books published, from which selections may be made.

ODONTOGRAPHIC SOCIETY OF PENNSYLVANIA.

We were present on Tuesday evening, October 6th, by invitation, at a meeting of the Odontographic Society of Pennsylvania, an association of dentists recently established, with the view of promoting scientific research in its relation to dentistry. The meetings are held semi-monthly in the building of the Philadelphia Dental College, and judging from the character and standing of the gentlemen present, and the published transactions which are presented monthly in the *Dental Cosmos*, we should infer that its membership comprised much of the ability of the profession in the city.

The object of the meeting at which we were present was the reception of a description of a newly invented artificial velum, by Dr. N. W Kingsley, of New York city, who by invitation had brought with him models and a number of the appliances adapted to different descriptions of cases. This instrument, which is designed to substitute nature in cases of congenital clefts either of the hard or soft palate, or both, and has claimed for it by its inventor a fitness for its office which will make surgical operations in any case undesirable and unnecessary, is certainly one of the most ingenious surgical appliances we have ever seen. It is claimed by its inventor that it will perform every function of the palate as far as the modulations of voice are concerned, and it really looks as if it might. The apparatus is light, weighing, we should think, not over a drachm; the adaptation to the natural parts is very simple, being so designed that every advantage shall be taken of the surrounding muscular features. Whether the good offices which are claimed for it will be accomplished, remains, we should infer, to be in part at least, tested. While, deductively, we should think that not a jot too much was claimed, yet no harm can come in waiting to see more before commendation is too freely bestowed. The apparatus is made from vulcanized rubber, and is so peculiar in shape as to make a description somewhat difficult. The greatest trouble in its construction seems to be the getting of an exact model of the parts to be fitted. This the inventor does by the use of plaster; mixing it up as described in the making of plaster splints, and in this state holding it against the parts until it hardens. Dr. Kingsley claims that the instrument will last several years, but as the expense of making it seems to be altogether in the model, we presume that its renewal at any time would be a matter of little cost.

The members of the society were so favorably impressed with Dr. Kingsley's invention as to vote him a gold medal.

Dr. Jacob Gilliams, the oldest living dentist we believe in this country, is President of the Odontographic Society.

We will add that Dr. Kingsley's unaffected modesty, and the *esprit de corps* exhibited by him in freely and unreservedly imparting to the dental profession a minute description of every step of the process in the manufacture of the instrument, made a very favorable impression on the audience, who showed their appreciation of his disinterested conduct in the manner stated above. We trust that in this respect Dr. Kingsley's example will be

contagious, and that every new dental discovery of importance to the well-being of mankind, will in like manner be freely imparted to the profession.

READING—CONFERENCE—WRITING.

The medical man needs to be well read, quick of thought and action, and exact in his professional and literary efforts. To accomplish these ends three things are needful.

First—a good library of modern books, which should be *used*, and not merely kept as an ornament and show in the office.

Second—frequent intercourse and interchange of thought, experience and observation with his fellow practitioners, is essential to the proper and ready application, when needed, of the ideas absorbed from books. He should therefore frequently seek the company of medical men, and always try to receive and impart some practical and useful thought. For this purpose there is no better plan than association in medical societies. Each county in this State and in every State of the Union where there are enough medical men, should have a medical society, and the meetings should be held at least once in three months. They will be found to be promotive of good feeling, to diffuse knowledge, and to be beneficial in many other ways. The public will always respect more, and put greater confidence in the physician who belongs to a medical society. The fact that he is in frequent intercourse with the first medical men of his city, county and state, is of itself a recommendation to the confidence and support of the community.

Third—to be exact in his professional and literary efforts, the pen should frequently be had recourse to, to record the thoughts, ideas, observations and experiences that result from his daily labors and his intercourse with his fellow practitioners. What a loss there is to the world because of the neglect of men to record their observations! How rapidly would our profession advance in knowledge, if its members would instruct themselves and others by writing down what they have learned. There are vehicles enough now for the propagation of ideas, and there need be no excuse for not using them.

Bacon says, "Reading maketh a full man, conference a ready man, and writing an exact man; and therefore if a man write little, he had need have a great memory; if he confer little, he had need have a present wit; and if he read little, he had need have much cunning to seem to know what he doth not know."

Notes and Comments.

Sick and Wounded Soldiers.

On the 26th of September last the number of sick and wounded soldiers in the different hospitals throughout the country was 57,713—a reduction of nearly one third from the number in hospital at the same time last year. Although the cartel of exchange is virtually suspended, deliveries of sick and wounded are of frequent occurrence at City Point—the prisoners being placed on parole.

A Handsome Compliment.

A splendid service of silver, costing about two thousand dollars, has arrived in Washington, intended as a bridal offering from the medical officers of the Army of the Potomac to Dr. Letterman, Medical Director, who is to be married on Thursday to Miss Lee, of Frederick county, Md.

A very handsome compliment to a worthy and deservedly popular man, and efficient officer.

Sick and Wounded Connecticut Soldiers.

Dr. Wm. M. White, commissioner for Connecticut, will soon leave Washington for Hilton Head and Beaufort, under instructions from Gov. Buckingham, to look after the comfort of the sick and wounded Connecticut soldiers.

Correspondence.

FOREIGN.

LETTER FROM Dr. W. N. COTE.

Paris, *September* 10th, 1863.

Ophthalmia from the use of Sulphur.

M. Bouisson gives some interesting details on a kind of ophthalmia produced by the sulphuring of vines. From the moment this practice was had recourse to for the purpose of destroying the oidium, it was perceived that sore eyes became very prevalent among the laborers engaged in that work. Sulphur is employed under the form of a sublimate called flowers of sulphur, or else in a triturated state. In the former case it contains a small, but perceptible quantity of free sulphuric acid—in the latter case there is hardly a trace of it and accordingly the sublimate is infinitely more effacious than the mere powder. Under the microscope the powder presents irregular forms ending in angles and points, while the

flowers appear under the form of very small round globules, hence the mechanical action of the former is much more irritating than the flowers of sulphur. But mechanical irritation of the sulphuric acid on the conjunctiva being less active than the chemical one, triturated sulphur is less injurious to the eye than flowers of sulphur. Regarding the instruments used for the diffusion of sulphur, the bellows are less hurtful to the eyes than the sieve, which scatters about a great deal of the powder in the air. A man works 7 hours per day, during which time he expends about 20 pounds of sulphur—the operation lasts five days per hectare (2½ acres) and is repeated three or four times during the season.—Sore eyes are chiefly prevalent during the last sulphuring process, showing that heat and drought increase the irritating effects of sulphur. Women and children being chiefly employed in the operation they are most subject to this kind of ophthalmia, which however is not malignant, and generally consists in a mere inflammation of the conjunctiva.—The mixture of sulphur and lime, recently proposed, is more hurtful to the eyes than sulphur alone, but a mixture of sulphur and plaster is better for the eyes, though detrimental to the respiratory organs.

Sickness in Paris.

The *Union Medicale* has received the following "communicated" note from the ministry of the interior:—"Your number of the 11th contains erroneous details relative to the diseases which now prevail in Paris, both in the hospitals and private houses. Diarrhœa and dysentery are habitual at this season of the year, when the heat is extreme on account of excess in drinking and from the use of fruit. The cases which have occured have nothing of an abnormal or alarming character. Isolated cases of cholera are to be met with every year. Up to the present time only two have taken place, and not showing anything of an epidemic character. With regard to typhus fever, rather numerous cases have been met with, but it is very incorrect to say that they are of a dangerous character. On the contrary medical men agree in affirming the mildness of the disease. At the Hôpital de la Riboisière, where the author of the article points out a mortality of nearly 50 per cent., there have been only five deaths out of 133 patients treated for that disease. It is to be regretted that a journal, which has the means of being well informed should publish statements of a nature to excite uneasiness in the public mind without verifying their exactitude." I must add that since the publication of that article the weather has altogether changed, and the heat is now tempered by cool breezes, so that the epidemic which every one feared has entirely disappeared.

Ice in Diphtheria.

Since mentioning in a former letter the use of ice in cases of diphtheria, I see that professional correspondents write in confident terms of its success. In a recent instance of an alarming nature, Mr. Lindle, Surgeon, of Derby, applied it most beneficially. It appears that the same gentleman has used it with equal success for some time.

The "Black Doctor" come to Grief.

The well known black doctor, J. Vries, was lately tried at Tribunal of Correctional Police, on charges of usurping the title of doctor and of illegally practising medicine. Among the papers found in his possession, and put in as evidence, was the prospectus of a work entitled "Clef de la Nouvelle Alliance," presented to mankind as "the revelation of a new era which shall forever close the abyss of revolutions, and put an end to all the sufferings, wars, and catastrophes afflicting nations." Really, it would be well to send a good number of copies of this work to the Southern States! Notwithstanding the noble object he had in view, Vries was condemned to 2,000 francs fine, with six months lodging in a prison where he will ruminate at his leisure on the profound ingratitude of mankind.

Spiritism and Insanity.

Recent statistics show that in one of the lunatic asylums of the Department of the Rhone, one third of the patients owe their infirmity of mind to spiritism.

Bavarian Beer.

The Berlin Faculty of Medicine has commenced an onslaught on the drinking of Bavarian Beer, which they declare to be the cause of innumerable cases of apoplexy. Bavarian beer, which was not known in Prussia twenty years ago, is now largely consumed in that country.

Hare-lip and Cleft Palate.

At a late sitting of the Academy of Sciences Dr. Sedillot read a paper on a remarkable case of hare-lip, complicated with a wide split existing in the roof of the mouth, or hard palate. Dr. Sedillot, following Professor Langenbeck's method, first detached the periosteum from the two osseous surfaces of the palate right and left, and joined them together, so as to close the hiatus. This was done on the 23d of May: on the 30th the roof of the mouth was restored, except a small fissure still remaining at the further end. As it would have been the height of imprudence to renew the operation before the newly closed parts were perfectly consolidated, the operator waited until the 26th of August, when the fissure was closed by means of a portion of periosteum borrowed from the adjacent part. It was remarked that the portion previously restored had undergone no ossification, but had nevertheless been covered by a new mucous membrane, while the space which had been denuded of its periosteum had received a fresh coating.

Canine Madness.

M. Sanson, a Veterinary Surgeon, has just published a pamphlet in which he states some remarkable facts on canine madness, commonly and erroneously called *hydrophobia*. He asserts that the necessity of biting is by no means an inevitable consequence of this disease, and that dogs would certainly die without any symptoms of phrenzy if they

were entirely revived from causes of excitement.—To prove this assertion, he states that on the 27th of July, 1860, he inoculated two dogs and a horse with the saliva of a mad dog. On the 5th of August, one of the dogs became melancholy, remained in a lying posture, and refused food, on the 6th this state continued—the animal did not disturb the straw in his kennel, and did not bark, on the 7th it died without having had any fit of phrenzy. The other dog and the horse experienced no symptoms of disease; on the 9th of October, following, four dogs were inoculated with the saliva of a mad dog that died on the 11th, on the 31st following, one of the dogs died with every symptom of furious madness. A few days later another died, quietly, like the one mentioned in the first experiment, not having been exposed to any provocation. The two remaining dogs continued in perfect health. M. Sanson also shows that a dog laboring under the first symptoms of the disease does not always display violent irritation when it sees another dog. He concludes with the following advice:—Not to excite a human patient by offering drink or otherwise, whereby his sufferings are greatly and unnecessarily increased, but to keep him quiet, in which case it is likely he will expire with the least possible suffering and without fits. In support of this opinion of his, he quotes several cases of persons having fallen victims to the disease, and who, previous to their death, were constantly excited by their physicians and persons that attended them. In one of these cases, the physician states in his report that the patient was in a state of prostration, and appeared calm—on being asked whether he would like to drink he accepted the offer with joy—but he no sooner saw the bottle and glass than he was seized with a paroxysm. M. Sanson asks reasonably enough why he was offered any drink at all, and why he was not allowed to die in his state of quiet prostration?

Thallium.

Your readers are no doubt well acquainted with the history of the new metal, thallium, which has been the subject of a dispute for priority between Mr. Crookes and M. Larny. The latter gentleman in a paper lately addressed to the Academy of Sciences, now announces a property of that metal, the discovery of which undoubtedly belongs to him, viz., its deleterious power. Having experienced certain pains, especially in his lower limbs, while pursuing his studies on thallium, he was induced to attribute them to a noxious influence of that metal—and in order to ascertain whether such was the fact, he dissolved five grammes, or about a dram of sulphate of thallium, in milk, and offered it to two puppies, each about two months old. But after tasting the liquid they left it, and could not be induced to take any more; on the following day the milk which had been forgotten in the yard had disappeared, and it soon turned out that it had been partaken of by a dog, two hens and six ducks, for a few hours after ingestion the dog became sad, and refused to eat, during the night it was seized with violent gripes, which caused it to utter piercing cries; these gripes continued during the morning—the dog's features had undergone a change—its back was bent up, through the effect of pain, the seat of which was evidently in the intestines, its hind legs after a continuance of convulsive motions became paralyzed, and it died 64 hours after taking the poison. On the day before its death a hen and six ducks died, and in those which were watched in time, the paralysis of the legs was remarked. The two puppies which had scarcely touched the milk had meanwhile shown symptoms of fatigue, by degrees they were seized with convulsive trembling and could hardly stand, then came the acute pains which ended in death, although every precaution had been taken, apparently in good time, to save their lives. All these animals being subjected to dissection there could not be found the slightest corrosion, or even inflammation of any consequence, only the gall-bladder of the dog was found considerably extended, and in some of the ducks various serous membranes, that of the liver especially had assumed a whitish and granulous appearance. As to the nature of the poison, if there could have been any doubt about it, it would have been at once dispelled by the characteristic green band peculiar to thallium in the spectral analysis of the organs of the dead animals. Eight days later another hen was taken ill, its wings hung down, it could hardly walk, and when it wanted to peck its food its neck seemed to have lost its power of bending down sufficiently, so that its beak did not reach the food; the hen was killed, and thallium found in the intestines, but in a very small dose indeed, and the other organs did not contain any. M. Larny next administered a decigramme (a grain and a half) of the sulphate to a dog two months old, and it died forty hours after taking it. Hence M. Larny justly infers that sulphate of thallium is a powerful poison, producing pain in the intestines and paralysis in the lower members. This poison and the nitrate have but little taste, and might therefore be used for criminal purposes, but fortunately there is not a poison that can be traced with more certainty through spectral analysis than these. This new method of analysis generally bids fair to render excellent service in cases relating to forensic medicines.

DOMESTIC.

SPECIALTIES.

Editor Medical and Surgical Reporter:

In No. 18 present volume of the Reporter is "a word of caution" upon specialties, to which I beg leave to reply.

Your objections to specialties, because of the tendency of specialists to advertise, may be met by a similar objection to a general practice because of a tendency, whenever interest demands it to run into some "ism" or "party." As this was your only reason given, for your opinion, I am not willing to yield the point at present.

Why, let me ask, is there so much charlatanism

and quackery in medicine? Why is public confidence so prone to neglect the regular practitioners? May I not safely answer by saying that it is because the regular practitioner is not properly qualified to fulfill the multiparous duties of his profession? I will venture more and say that I believe, that there are very few who receive the degree of medicine, who ever do, or ever can, approximate to that perfection of knowledge which will enable them to serve the public in a manner worthy of themselves or for the best interests of the profession, or which secures to the public all the benefits that medical science should give them.

City practitioners would not hardly be willing to become apothecaries, and were they to do so, one of three contingencies would follow, they would have to curtail their practice, or charge exorbitant fees or do injustice to their patients, lest financial troubles would follow to a fatal issue. Is it not true that the city physicians are true specialists in comparison, with their more numerous cotemporaries, country practitioners?

Once a country doctor, I can appreciatingly and intelligently advocate the cause of specialists. With a range of practice radiating twelve miles distant from a common centre, (a small field to many,) memory recalls the exhaustive labors of ten years experience where facts and not fancy made me a pedler of pills and potions, over hills and through dales, in sunshine and rain, snow and snow-drifts, night and day, until nature rebelled and taught me to approve the specialist.

Think you, that there was much time for reading, for keeping posted with medical progress, for analysis of chronic disease? I was not a specialist, let me assure you, but an apothecary, a surgeon, a physician, a dentist, a midwife, a collector, a "jack-at-all trades" and good for but little at any of them. Is it any wonder that during epidemics of dysentery and typhoid fever, the pathics, and ics and isms, held glorious court, and that the festivities closed with popular eclat to those who could devote care and time to patients, of whom there is a large class, and who love the "Doctor" better than medicine, and who need his counsel more?

Not all the doctors who offer themselves as Homœopaths, and Electrics, and Hydropaths are quacks, but rather (if not honestly such) charlatans, who hold out a handle for the public to grasp, out of pure selfishness, and while treating patients upon correct principles, cloaked for the game, they attribute to their outside garment all their success which belongs and ought to be attributed to legitimate science. Need I claim that familiarity with signs and symptoms of disease is essential to correct diagnosis and of course intelligent treatment? Let me appeal to those who examine the retina with the ophthalmoscope, the membrana tympani or its surroundings, the os tincæ in uterine diseases, incipient hypertrophy of the heart, or tuberculosis in its various manifestations, ovarian dropsy and cancerous degeneration. I am confident that there are many of our best and most intelligent physicians who are not able to intelligently prescribe, in cases, demanding investigation, in very few instances above mentioned. It requires constant handling to perfect our skill, in diagnosis of such disease, and unless a physician becomes a specialist he may not see half a dozen cases during a life time.

How has medical progress been made in the last quarter of a century? To whom do we look for advice and counsel if not to specialists? Where would American practice be without its Flint, Gerhard, Williams, Hays, Hewson, Littell, Hamilton, and a host of others who have devoted their time and attention to special departments of surgery and medicine? I am not willing to yield my opinions upon this matter unless you give me greater evidence that you are correct, while I cordially grant that your rank as a journalist and your professional character entitles you to the highest respect. W.

Springfield, Mass.

READY RECORD FOR BIRTHS AND DEATHS.

Editor Medical and Surgical Reporter:

Having taken a lively interest in the enactment of the law for the registration of births, marriages and deaths, in the city of Philadelphia, I am equally anxious that its success should be complete, and its present popularity maintained. With this view I desire to call the attention of the members of the medical profession in this city, as well as those elsewhere, to a very neat and convenient "ready record" for transcribing births and deaths, which has been introduced by Messrs. Lindsay & Blakiston, of No. 25 south 6th street, in this city, into their incomparable little pocket diary for 1864, called "Physicians' Visiting List," and prepared expressly for the profession.

The great popularity of this annual renders it entirely superfluous to say a word by way of recomdation; it speaks for itself, and I am sure that those who have used it for a single year would not fail to provide themselves with one annually thereafter.—Their usefulness and convenience can only be estimated by those who have carried them. Now that a few pages have been added with printed headings adapted for registering the births and deaths, and corresponding with the blanks prepared by the Health Officer, they are still more valuable, will save much trouble and remove an objection made by those required to report their cases that they must always keep loose memorandums and transcribe them on returning home. This improvement leaves every one without an excuse, as they can have at all times a blank record at hand, and one well adapted for the permanent preservation of their births and deaths.

Philadelphia, *Oct.* 1864. W. J.

A Giant.

M. Brice, "the giant of the Vosges Mountains," is visiting Edinburgh. He is 8 feet high, 4 feet 6 round the chest, wears a ring presented to him by the Emperor, which is three times as large as ordinary rings, and sleeps on a bed 9 feet 6 inches long.

Army and Navy News.

Looking after Convalescents.

Surgeon JOSIAH SIMPSON, Medical Director of the Middle Department, left Baltimore a few days ago, having received orders to visit all the Army Hospitals in the Middle and Northern States, and examine the patients therein confined who have been absent after the expiration of their respective furloughs. The War Department has good reasons for believing that a considerable number of patients in these hospitals have so far recovered as to be able for active duty in the field.

Trusses for Enlisted Men.

By a circular from the Surgeon-General's Office, it is ordered that Medical Directors in cities where there are several general hospitals, shall designate one in each city, at which enlisted men requiring trusses, will report themselves to the Surgeon in charge, to be measured for and fitted with the proper instruments.

Medical Purveyors are ordered to cause to be made and to furnish trusses, corresponding in measure and description, with the requisition to be made in each case in lieu of the usual issue, which will be discontinued to all the general hospitals where this arrangement can be carried into effect.

The Troops at Norfolk, Yorktown and vicinity.

The executive committee of the U. S. Sanitary Commission which met in Washington recently, report as follows concerning the health of the troops at Norfolk, Yorktown and vicinity.

"The condition of the troops at Norfolk, Yorktown, and thereabouts, was represented as bad, very bad, and growing worse. These poor fellows are thoroughly saturated with the malaria of the Peninsula, and no quantities of quinine or whiskey can relieve them. Change is the great desideratum. Dr. STIMERS was directed to wait upon the acting Surgeon-General, and urge the transfer of these troops ere it should be too late. Col. BARNES, acting Surgeon-General, replied that the Medical Inspectors had already recommended a change, and that still further efforts would be made for relief.

Dismissed.

By direction of the President, Surgeon J. C. FISHER United States Volunteers, has been dismissed the service for persistent failure in making to the Surgeon-General's office monthly reports of station and duties as required by circular from that office.

The U. S. Sanitary Commission at Gettysburg.

The Surgeon and Assistant Surgeons in charge of the wounded at Gettysburg have united in an address expressing their gratification at the manner in which the affairs of the commission have been managed at that place since the late battle. The surgeons say they are convinced that the system adopted by the Sanitary Commission, of disbursing their supplies only on the requisition of a surgeon, is the only proper and safe method. Any other course necessarily supposes an extra force, which is calculated to cumber the hospital with irresponsible attendants, and to distract the public benefactions, if not divert them from a just and equal distribution among the patients for whom they are intended.

News and Miscellany.

New York City Dispensaries.

The monthly report shows that during September medical and surgical services, vaccination and medicine were afforded gratuitously to 7,649 persons by the New-York, Northern, Eastern, and Northwestern Dispensaries. Of these were treated at their dwellings, 1,226; at the Dispensaries, 6,473; and 321 were vaccinated; 13,536 prescriptions were gratuitously dispensed at the several offices, being an average of more than two to each patient. The principal causes of death were phthisis and marasmus. The prevailing diseases chiefly affected the digestive system.

A New Disease in Charleston, S. C.

The *South Carolinian*, formerly, and we suppose still edited by our old friend Dr. ROBERT W. GIBBES, says that a new disease has broken out in Charleston to which he gives the name of "Febris Crustacea." We will not give the symptoms, which he details very minutely. Suffice it to say that the disease will probably last while the city is held at the mercy of Gen. GILMORE'S batteries, and that the mere utterance of the cabalistic words, "Hold—enough!" will prevent a fatal termination.

Population of the World.

A Berlin professor finds that Europe contains 72,000,000 inhabitants, Asia 720,000,000, Africa 89,000,000, America 200.000,000, and Polynesia 2,000,000—total, 1,283,000,000. Of this little crowd about 32,000,000 die in each year, which is 87,761 a day, or 61 per minute. Another professor calculates that 36,627,843,275,075,855 people have lived on the earth since the creation.

"Bitters," Worse than a Humbug.

The *Agriculturist*,* that dauntless and intelligent exposure of quackery and humbugs of all kinds, has the following remarks on the subject of "Bitters," in its number for October. The subject is a very serious one, and our profession should earnestly labor to arouse the public to a sense of their danger. Let our readers get this article copied into their local papers. It is earnest, sensible, and to the point.

The land is full of bitterness. We speak not now of the woe and anguish caused by war, but of what promises to be scarcely less disastrous in its results upon individuals and families. During the present year we have traveled four or five thousand miles, through different parts of the country. In all that route there has hardly been a point where the eye did not meet an advertisement of somebody's "Bitters." Upon every available space, on the walls of buildings, on the fences, on the surface of rocks and stones, upon the bridges and telegraph poles, indeed everywhere "Bitters,"—"Strengthening Bitters," "Healing Bitters." "Invigorating Bitters," "Life Saving Bitters," or some other "Bitters"—stare one in the face. This is most strikingly the case in some portions of Illinois. So, too, the newspapers abound in advertisements of these various bitters; and in every hotel, tavern, and down to the smallest 3 by 4 drinking shop, attractive rows of bottles labeled "Bitters" are everywhere to be seen. We know of large glass manufactories run almost exclusively in the manufacture of bottles for Bitters.—Now all this costs a "mint of money," and this money has al-

* The *American Agriculturist*, Orange Judd, Editor, New York—$1 a year.

ready come and is coming from those who buy and drink those Bitters—showing an immense consumption.

But what are these "Bitters?"—With scarcely an exception, they are essentially a cheap form of alcohol—whiskey, gin or rum. Most contain a little bitter extract—some more, some less—added as a blind, or as a slight tonic. Take out the alcohol, and all that remains would not amount to much—good or bad. Whiskey, or gin, that under its own proper name would not sell for fifty cents a gallon, is put into bottles costing four to seven cents each, five to eight bottles to the gallon, labeled at the cost of a penny, and sold at a dollar a bottle, or at least five dollars a gallon. The attractive label, the great stories told of the healing and strengthening properties, lead people to pay these prices. This much is sheer humbug. But there is a worse feature. We stopped at the house of a western farmer who would not for the world incite in his children a taste for and love of alcoholic drinks. Yet influenced by the advertisement in his family paper, and a religious one at that, he had bought and used several bottles of these bitters, and supposing us to be wearied with a long day's travel, he proffered us a glass of "strengthening bitters." Two of his little boys were given a spoonful each before breakfast—"to keep off the chills." We told him he was feeding them with gin, and laying the foundation for a drunkard's life and a drunkard's grave.

We constantly meet with persons who daily use these "bitters." The temporary stimulant afforded by the alcohol, deceives them into the belief that they are "invigorating," or "strengthening." When the excitement subsides, and the natural reaction and lassitude follow, they take another dose, and so go on. We say in all seriousness, that the enormous sale and use of these "bitters" is doing more to produce wide-spread dissipation and drunkenness, by begetting a taste for alcohol, than can be counteracted by the efforts of all the Temperance Societies that have yet been organized. Let us beg of every man who would not bring up his family to be drunkards, and who would keep out of temptation himself, to banish these "bitters" *of every kind* from his house, and discourage their sale in the community. We have had column after column of advertisements of them offered for the *Agriculturist*, but we would as soon admit advertisements of sugar pellets which we knew contained concealed arsenic or strychnine.

MARRIED.

Berg—Kinsey.—At the residence of the bride's father, Hokendauqua, on the 12th inst., by Rev. C. Earle, J. Fred Berg, M. D., of New Brunswick, N. J., and Emma W., youngest daughter of Samuel Kinsey, Esq.

Elam—Sanderson.—On Tuesday, Sept. 22d, at the parish church, Sheffield, by Rev. C. E. Camidge, M. A., of Wakefield, Charles Elam, M. D., and Helen Augusta, fourth daughter of Edward F. Sanderson, Esq., of Endcliffe Grange and of New York.

Mandeville—Teel.—In Hoboken, on Wednesday, October 7th, by Rev. Dr. Abeel, Frederick B. Mandeville, M. D., of Newark, and Sarah Teel, daughter of George T. Teel, Esq., of Hoboken.

Robinson—Cox.—On Thursday, October 8th, 1863, at the residence of the bride's father, Buckingham, Bucks County, Pa. by the Rev. John Tellow, William T. Robinson, M. D., Surgeon of 104th Regiment Pennsylvania Volunteers, and Mary M., youngest daughter of Justice Fox, Esq.

Royer—Pigott.—At Glenwood, Frankford, Philadelphia, at the residence of the bride's mother, September 29th, by Rev. H. A. Hunsicker, J. Warren Royer, M. D., of the Trappe, Montgomery County, and Anna Herbert Pigott, of the former place.

DIED.

Hooker.—On the 8th inst., at the residence of her brother-in-law, Albert Baldwin, Eliza B., daughter of Dr. Charles Hooker, deceased, of New Haven.

Shiverick.—Suddenly on Saturday, October 3d, of typhus fever, Arthur A. Shiverick, M. D., in the 38th year of his age.

METEOROLOGY.

October	5,	6,	7,	8,	9,	10,	11.
Wind	N. W.	W.	S. W.	S. W.	N. W.	W.	N. W.
Weather	Clear.	Clear.	Clear.	Cl'dy. Hea'y Fog. Sh'er.	Clear.	Cl'dy Sh'er.	Clear.
Depth Rain				1-10			
Thermometer							
Minimum	44°	40°	42°	54°	52°	41°	40°
At 8 A. M.	53	50	54	58	54	52	52
At 12 M.	57	58	64	66	61	61	57
At 3 P. M.	57	58	66	68	63	58	61
Mean	52 7	51.5	56.5	61.5	57.5	53	52.5
Barometer.							
At 12 M.	30.1	30.2	30.1	29.9	30.1	30.1	30.2

Germantown, Pa. B. J. Leedom.

VITAL STATISTICS.

	Philadelphia. Week ending October 19.	New York. Week ending October 12.	Baltimore. Week ending October 12.	Boston. Week ending October 10.	Providence. Month of September.
Popl'n, (estimated.)	580,000	950.000	240,000	180,000	52,000
Mortality.					
Male	149	198	56	57	65
Female	121	222	49	44	62
Adults	143	206	52	62	56
Under 15 years	112	209	47	39	67
Under 2 years	69	145	32*	38*	48
Total	270	420	105	101	127
Deaths in 100,000	46.55	44.21	43.50	56.11	244.23
American	194	258	...	67	105
Foreign	59	162	...	34	22
Negro	9	2	21	1	2
Zymotic Diseases.					
Cholera, Asiatic	...	1	...	...	...
Cholera Infantum	5	11	...	8	15
Cholera Morbus	...	1	...	...	...
Croup	15	20	4	2	1
Diarrhœa	8	13	1	6	8
Diphtheria	4	15	8	2	2
Dysentery	4	10	3	4	23
Erysipelas	...	...	...	...	1
Fever, Intermittent	...	1	1	...	...
Fever, Remittent	...	...	...	...	...
Fever, Scarlet	3	11	1	...	...
Fever, Typhoid	19	10	4	7	4
Fever, Typhus	1	5	...	...	1
Fever, Yellow	...	...	...	...	...
Hooping-cough	...	1	5	...	3
Influenza	...	...	...	...	...
Measles	1	2	...	...	1
Small Pox	...	...	4	...	...
Syphilis	2	...	...	...	...
Thrush	...	...	...	...	...
Sporadic Diseases					
Albuminuria	...	9	...	...	...
Apoplexy	4	7	...	3	1
Consumption	28	61	22	11	16
Convulsions	8	33	2	3	3
Dropsy	7	12	1	3	3
Gun-shot Wounds	3	...	...	...	...
Intemperance	3	2	...	...	2
Marasmus	11	36	...	6	2
Pleurisy	...	2	...	...	...
Pneumonia	12	28	3	4	3
Puerperal Fever	...	3	...	...	1
Scrofula	...	3	...	...	1
Violence and Acc'ts	5	15	...	...	5

* Under 5 years.

TO CORRESPONDENTS.

For the information of those who are not authors, we will state that manuscript intended for publication must be written on but one side of the sheet. If greater care was taken in the preparation of copy, much trouble would be saved to printers, and mistakes would rarely or never be made.

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Subscribers desiring old back numbers (excepting Nos. 304, 305, 308, 309, and 310, which are still due, and will be sent) will please remember and send money to pay for them, and for postage, as many of the numbers are growing scarce, and we have to pre-pay the postage, two cents a number.

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MEDICAL AND SURGICAL REPORTER.

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Communications.

ERRORS IN DIAGNOSIS: WHY ARE THEY SO COMMON?

By A. P. Dutcher, M. D.,

Of Enon Valley, Lawrence County, Pennsylvania.

There are few things in the practice of medicine more difficult than the art of diagnosis, and yet it is a notorious fact that too many practitioners form their opinions and regulate their treatment of disease, on evidence that is inadequate, and which would not be acted upon in the most ordinary affairs of life. Nothing injures the reputation of a physician so much as errors in diagnosis. If he mistake the disease of a patient, his judgment and skill will be immediately called in question, and if they are of frequent occurrence, he will soon find that his occupation is gone. The success of every physician, in a great measure, depends upon his skill as a diagnotician. If he fail in this particular, it matters little how proficient he may be in other departments of medical science, it will always be a serious obstacle in his way to professional eminence. The greatest lights in the temple of modern medical science have been men who have been highly gifted as diagnoticians. Thomas Watson, Bently Todd, Theophilus Thompson, George B. Wood, W. W. Gerhard and Austin Flint rank much higher in the profession than other men, because they excel in this department of medical art.

This is no new doctrine; it was distinctly taught by Hippocrates. Listen to his quaint language on this subject—"Many physicians seem to me to be in the same plight as bad pilots, who, if they commit mistakes while conducting a ship in a calm, do not expose themselves, but when a storm and violent hurricane overtake them, they then, from their ignorance and mistakes, are discerned to be what they are, by all men, namely, in losing their ship. And thus bad and common-place physicians, when they treat men who have no serious illness, in which case one may commit great mistakes without producing any formidable mischief, (and such complaints occur much more frequently to men than dangerous ones,) under these circumstances, when they commit mistakes they do not expose themselves to ordinary men; but when they fall in with a great, a strong and a dangerous disease, then their mistakes and want of skill are made apparent to all. Their punishment is not far off, but is swift in overtaking both the pilot and physician."

But why are errors in medical diagnosis so common? They may be principally attributed to two sources, namely, ignorance and carelessness. Sufficient attention has never been paid to diagnosis as a special branch of medical art. Until quite recently it was not taught as a distinct branch of medical science. Students were graduated by the hundreds and sent out to enter upon the duties of the profession without any practical knowledge upon the subject. The student was not taught at the bed side of the sick to diagnosticate disease. It was sufficient that he studied two or three years in a physician's office, attended a course or two of lectures, and saw a few surgical operations in some hospital. But to examine a case for himself, make out a diagnosis, and prescribe for the patient, under the eye of a competent teacher who was able to correct his mistakes, was a thing almost unheard of. Some private physician might have taken this much pains with his pupil, but for a learned professor in one of our medical colleges to become thus familiar with a student, he was in danger of compromising his dignity.

During the last few years, however, things have changed somewhat. For the purpose of rendering instruction in medical science more practical, clinics, as they are called, have been established by some of our colleges and hospitals. At these clinics they profess to teach clinical medicine, diagnosis in particular. But it will not require a very acute observer to see that the whole thing is a perfect farce. In those that I have visited I could see but very little that would aid the student in acquiring a knowledge of the art of medical diagnosis. The mode of instruction, as commonly pursued at these clinics, is in direct opposition to that followed in nearly every other department of learning. A class of medical students in the presence of a clinical teacher, may be compared to a class of school boys, who have all their mathemat-

ical problems solved for them by their teacher. It is remarkably easy for a pupil to pass the rounds of learning in this way. But how much will his mental powers be strengthened by this mode of instruction. Experience answers, very little. The pupil must stand up for himself; exercise his own mental powers, and grapple earnestly with every difficulty connected with the solution of a given problem. When he has been successful he feels that his mind has gained new power, and he is prepared to go in quest of new discoveries, encounter greater difficulties, and achieve more brilliant victories on the field of science.

In all our popular medical clinics, the student is a mere spectator. He has nothing to do with examining the patient, making out the diagnosis, or prescribing the treatment. Any difficult problem connected with the patient's malady is worked out for him by another. He therefore loses the benefit to be derived from personal inspection, and the necessary mental exercise which would follow as a sequence. His memory alone may be strengthened, but his perception, reason and judgment are stultified. If, therefore, medical students are to be benefited by these exercises, the whole order of conducting them will have to be materially changed. In a class of twenty or thirty advanced students, let four or five be selected every day, to each one let a patient be given for examination. Let each one make out his own diagnosis and treatment of his case, after which, the professor of the clinic, in the presence of the class, may criticise or correct anything that may be wrong either in the treatment or diagnosis. This is the plan pursued at the clinic of Professor Albrecht Von Graefe, of the Royal University at Berlin. He is regarded as one of the best teachers of clinical medicine in Europe. His specialty is ophthalmology. In the examinations of his pupils he is said to be very strict; they must give a reason for every opinion, and the diagnosis of no case is permitted to pass without undergoing the most rigid scrutiny.

If the above course was pursued by our teachers of clinical medicine, our students on leaving college would be better prepared to enter upon the practical duties of the profession. Their knowledge would be something more than theoretical; it would be definite, and in most cases positive. And as such it would stand the test of practical experience. Instead of entering upon the practice of medicine, as the great mass of them do, with a note book filled with the so-called remedies for disease, their minds would be richly stored with those great practical truths which unfold the nature of disease, and the symptoms and signs by which it is interpreted. Their diagnosis would be something more than a mere conjecture—it would approximate to positive knowledge. This would render them efficient practitioners, and their success would be commensurate with their highest aspirations. It is for the want of this knowledge that so many of the graduates of our colleges never succeed as practitioners. And our country will be filled with quacks of all descriptions until there is a radical reform in this particular. Diagnosis must be something more than a mere conjecture, and treatment more than an experiment. If physicians were as well educated in this branch of medical art as they should be, errors in diagnosis would be comparatively of rare occurrence, and those charlatans who profit by them would be compelled to seek a living in a more honest and honorable way.

Another thing which we might mention, that has been a serious hinderance to the successful cultivation of the art of medical diagnosis, was the want of text books on the subject. We had, it is true, several excellent works devoted to the diagnosis of chest diseases and urinary organs, but aside from these we had no systematic treatise on the general subject of medical diagnosis. But this difficulty has been in a great measure obviated by the publication of Dr. Barclay's "Manual of Medical Diagnosis." We look upon this book as filling a great chasm in our medical literature. The want of such a book was felt by every enlightened member of the profession. In our judgment it is a work of more than ordinary merit, and the writer has executed his self-imposed task with rare ability. The topics discussed are of commanding interest, and are worthy of the most careful study. And having very recently been revised, it has been rendered much better adapted than before to fill the growing wants of the profession. In its classic pages the student will find much to assist him in the prosecution of his arduous studies, and the busy practitioner who may want a convenient and accessible work for speedy reference in the exigencies of his daily duties, will seldom seek in vain for such information as he desires.

But while some physicians err in their diagnosis for the want of knowledge, there are many who do the same from mere carelessness. Their mind does not appear to be intent upon their business. They never investigate a patient's malady with that attention which they should do. They may, perhaps, ask a few questions in relation to the sufferer's general health, look at his tongue, feel his pulse, and send him away with a prescription that is not at all adapted to meet the wants of his case. He is not benefited, and in some instances positively injured. This will almost always be the case if the more potent articles of the materia medica are prescribed, and the diagnosis be very

erroneous. In this way great injury is inflicted upon the reputation of the profession, as well as those who are afflicted with disease.

If there is one man in society who should be attentive, cautious and careful, that man is the physician. To a certain extent the health and life of the community are in his hands. One mis-step on his part may break the golden cord on which is suspended the earthly existence of a fellow being. It is a fearful reflection that he deals in deadly instruments, and that when he wields them without proper care and discrimination he may kill his friends as well as his foes. A careless physician is a dangerous man in the community. I would rather live near a volcano than such a doctor. He should not be tolerated in the ranks of the regular profession. Turn him over to Homœopathy, so that if he will continue to prescribe for the sick without forming a correct diagnosis of their disorders, he may give them medicine in such infinitesimal doses that it will not do them any harm.

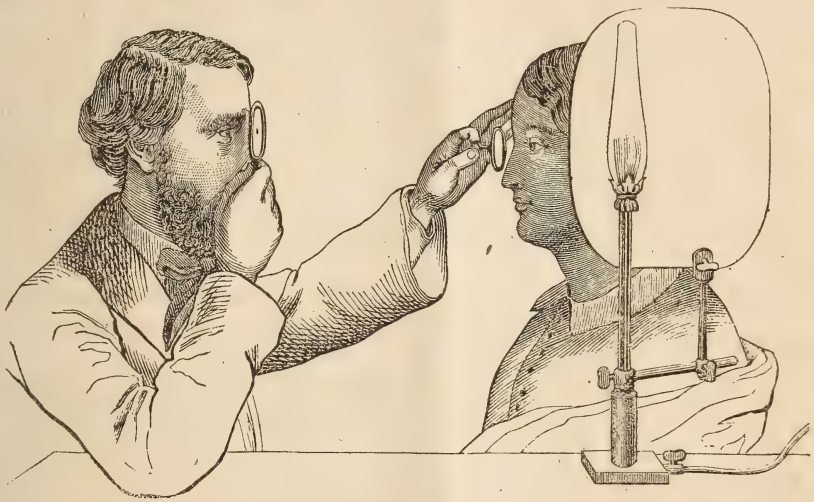

Fig. 3.

DEFECTIVE AND IMPAIRED VISION,

With the Clinical use of the Ophthalmoscope in their Diagnosis and Treatment.

By LAURENCE TURNBULL, M. D.,

Ophthalmic Surgeon to Howard Hospital, &c.

The Ophthalmoscope—Directions as to its Employment.

(Continued from p. 307.)

Before commencing with directions for its management, I ought to mention that the ophthalmoscope, when employed alone, gives the upright picture of the interior of the eye, but when we use the lens we see an "inverted picture," so that what appears to be placed upward or inward, is in reality situated downward and outward, and vice versa, the great advantage derived from the use of the double convex lens is that by it we obtain a larger picture; but should we desire to reduce it we then can use a double concave lens. The simple mirror of Anagnostakis, used in combination with a convex glass in the manner I am about to describe, certainly allows of our seeing in their real position parts which do not fall within the focus of the patient's crystalline lens. Thus a morbid growth—an encephaloid mass, for instance —which might be seen on the floor of the vitreous chamber, would be found really to occupy that position when the globe has been extirpated. But the optic nerve and retina, lying within the focus of the patient's lens, are seen reversed; so that the axis of vision, which is really placed on the temporal side, appears to lie on the nasal side of the nerve, and an extravasation of blood, or patch of pigment below the nerve, would appear to be above it.*

Having darkened the room, the patient should be seated by a small steady table, the lamp having been lighted and placed close to the side of the head, the flame on a level with the eye, so that the face receives no direct rays by means of the side shade.

The surgeon sitting on a high stool or standing in front of the patient at about eighteen inches distance, for the indirect method, with the ophthalmoscope applied to his own eye, as seen in the cut, (Fig. 3.) receives the rays from the flame, and by a slight oblique motion reflects them upon the patient's eye, whose pupil is in a short time illuminated with a bright red glow, that changes to silvery white when the eye is turned slightly inward toward the middle line. Then holding the double convex lens by the handle as in the picture,

* Dixon on Diseases of the Eye, p. 777-8.—Holmes' Surgery, vol. ii. London, 1861.

or between the thumb and forefinger of his left hand, he places it at the distance of about one inch in front of the patient's eye, steadying it by lightly touching the orbital region with his little finger between this end and the speculum and then by a slight to and fro movement of his head he tries to catch the distance at which the inverted image of the patient's fundus is visible to him; when he has this he then begins to see the disc of the optic nerve and the vessels of the retina. You must not expect to see too much at first examination, as it requires some practice to properly illuminate even the fundus of the eye and place the convex glass in proper position. It is well to make experiments upon some of the lower animals, especially the white rabbit, which makes a most admirable subject. To be able to see the optic nerve well the patient must be directed to turn the eye a little toward the nose, and by turning slowly in various directions the whole of the fundus can be thus explored.

"For the examination by the direct method, the pupil should be fully dilated, and the accommodation paralyzed with atropine; the patient and lamp should occupy the same relative positions as they do in the indirect method, but the surgeon must bring his eye within a much shorter distance of the patient's eye; an inch and a-half to two inches. In approaching so closely to the patient's eye, if a concave speculum, as Liebreich's, is used, much light is cut off the outer margin of his orbit, and the illumination of the fundus is proportionately dim; but at these short distances Zehender's ophthalmoscope still illuminates brightly, and for this reason its employment is preferable in the direct examination."

Zehender's Ophthalmoscope.

"Unlike those which have been described, this consists of a convex metal speculum, in combination with a biconvex lens which is of shorter focal length than the negative focal length of the speculum. The clip which holds this lens is mounted on a jointed bracket which turns right and left on the short handle of the speculum. A clip for an ocular lens is hinged to the side of the frame just as in Liebreich's small ophthalmoscope; it is however less easy to manage.*"

The eye may be illuminated by still another method indirectly alluded to before, namely, the "oblique illumination," but which cannot be carried with entire satisfaction beyond the capsule of the lens. This consists in placing the light at the side of the eye to be examined, and the surgeon will find it most convenient to stand behind and above the patient inspected, so as to get the light reflected from the crystalline lens. A double convex lens is so inserted between the eye and the light that its focus falls upon the parts to be examined. If we desire to examine the superficial reflecting medium of the eye, as cornea, lens, &c., the rays of light should be made to pass through near the centre of the glass; but should we find it desirable to examine for cataract or adhesions of the iris to the capsule of the lens, the nearer to the upper margin of the lens should the rays be refracted. No examination, however, can be complete for cataract or deep-seated lesions of the eye without the use of the ophthalmoscope. Besides the ophthalmoscopes we have already noticed, there are Prof. Jaeger's, of Vienna, and Prof. Desmarre's, of Paris. Both are metallic mirrors, and only differ slightly in form. That of Prof. Rau, of Berne, is a concave mirror of glass, lined with mercury, and its focus is fourteen inches. We shall notice the large ophthalmoscope of Dr. Leibreich in our next article.

* Hulke.

DISLOCATION OF THE HUMERUS.

By L. Traver, M. D.,

Of the U. S Navy.

Mr. Harry W——, seaman, aged 24 years, of good constitution, attached to the U. S. Gunboat Ceres, during the engagement at Roanoke Island, N. C., February 7th, 1863, while in the act of ramming the cartridge "home," and standing on the left side of the gun, a premature discharge took place, forcing the rammer violently through his hands, causing a dislocation of the left shoulder, downward. At noon on the succeeding day I took charge of the case, at which time the following symptoms were present:

The head of the bone could be felt in the axilla, at its anterior and under part; the arm was lengthened to the extent of about an inch; the fore-arm somewhat bent, causing a great deal of pain, and two of the fingers numbed in consequence of the pressure of the head of the bone on the axillary flexus. The elbow was separated from the trunk and carried somewhat backward, but could be approximated to the side. There was flattening of the shoulder, a hollow under the acromion, and an apparent projection of this process.

The reduction took place by the heel in the axilla. Placing the patient upon his back upon a low cot, I seated myself upon the edge of this on the same side as the dislocated arm, taking the limb by the wrist and fixing one foot firmly upon the floor, placing, the other, merely covered with the stocking well up into the axilla, so that the heel might press against the lower border of the scapula, and the ball of the foot act upon the humerus. Then drawing the limb steadily downward, when it was disengaged to a sufficient ex-

tent, I carried the limb across the patient, using my foot as a fulcrum, by which the head of the bone was pushed upward and outward into the glenoid cavity.

After the dislocation had been reduced, a small pad was placed in the axilla, the limb was bandaged to the side and supported in a sling.

There was immediate relief from pain, although considerable swelling followed the reduction for a week, but it yielded to *lead* and *opium* fomentations, and in about seven weeks the patient gradually regained the use of his arm so as to be able to perform his accustomed duties.

The above case was complicated with a severe burn of the fore-arm from the flame of the ignited powder at the time the explosion took place, and was dressed with the usual remedies in cases of this kind.

EDITORIAL DEPARTMENT.

Periscope.

Poisonous Plants, Serpents and Antidotes.

Among the descriptions of the native plants and snakes of those regions, the author makes the accompanying statements with regard to some of the poisonous varieties, and those of the former which are employed as antidotes to the virus of serpents :—

"Great care was necessary in selecting spits for roasting the beef, on account of a most poisonous shrub, the deadly *guachamacá*, abounding there. It belongs to the extensive family of Apocineæ, or Dogbanes whose poisonous qualities are known all over the world. So virulent is his poison, that meat roasted on spits made from his guachamacá, absorbs sufficient poison to destroy all who partake of it.—The lazy Indians make use of it to kill without trouble the cranes and herons on the borders of the lagoons. For this they procure a number of sardines, besmear them with the juice of the plant, and spread them along the places frequented by those birds.—The moment one of them seizes the fish, and before it is fairly swallowed, the bird drops dead; then the indolent hunter, issuing from his hiding place, cuts off the parts affected by the poison, usually the head and neck, and feels no scruple in eating the remainder.

"A dreadful case of poisoning by means of this plant had just occurred at Nutrias, soon after our arrival on the Apure, which created for a time great excitement even amidst that scattered population.—A woman who lived with a man in the vicinity of that town became jealous of the attentions he bestowed upon a charming neighbor of theirs, and determined to avenge herself, but in some manner that would not excite suspicion. In those remote regions, where coroners and chemists are unknown, it is impossible to detect murder, except where marks of external violence are visible. Accordingly, she prepared for her lover a bowl of *masato*, a favorite beverage of the country, made of Indian corn boiled, mashed in water, and fermented; in this she soaked chips of the poisonous plant, and offered it to him with smiling grace. Delighted at the sight of the tempting bowl, the unsuspecting lover invited several of his neighbors—among them the hated rival—to share it with him. The woman, not intending to destroy any but her perfidious lover, during his absence prepared another bowl, omitting this time the poison. Llanero politeness obliged the host, however, to mix his portion with the others, which having done, he invited the company to dip their calabash cups into the bowl. Out of eleven persons there assembled, among them several children, not one escaped except the wicked perpetrator of this wholesale murder; nor even the donkeys and fowl of the household, as their attentive master had thrown them the remains of the deadly mixture.

"Such is the dread in which the Llaneros hold this plant, that I was not even permitted to preserve the specimens of fruit and flowers I had collected, with the object of ascertaining, on my return to the Valleys, the botanical characters of the species. They almost threatened to desert, if I insisted upon carrying them among my baggage.

"The propagation of this plant throughout the Apure appears to be of recent origin, none of the oldest inhabitants recollecting to have met with it until within a comparatively short period. . . .

"Another singular practice obtains among the Llaneros; it is that of inoculation with the juices of certain plants possessing alexipharmic virtues, after which the most poisonous snakes may be handled with impunity. It is asserted, moreover, that *cerrados*—as individuals thus inoculated are termed—are not only proof against the bite of these reptiles, but can attract them around their persons by merely clapping of hands or whistling for them in fields where they abound. Having never witnessed any of these experiments, I will neither undertake to uphold the truth of this assertion, nor will I question its veracity; but there are hundreds of reliable persons in the country who will unhesitatingly swear to its efficacy; among them, is the testimony of Dr. BENITES, a professional gentleman who has published the result of his experiments in a small book on the materia medica of the country. With the view of ascertaining the alleged properties of the guaco, he devoted much time, while at La Victoria, in experimenting with various kinds of snakes; from him I quote the following passage :—'The guaco possesses in a high degree the faculty of preserving man and animals in general from the terrible and fatal effects of the bites of serpents. This valuable secret, discovered in Bogota by the celebrated naturalist, DON CELESTINO MUTIS, in 1788, remains still as such among some *curanderos* of our own country, who, under certain mysterious forms, and availing themselves of the fangs of serpents, puncture several slight incisions in certain parts of the body, which they fill with the powered leaves of the guaco previously made dry, and administer the same internally mixed in common rum. This property of the guaco is so reliable, inoculation by means of the juice such as was practised by MUTIS himself so well authenticated, and the facts concerning it is so well attested, that there cannot longer exist the least doubt in regard to its efficacy. I wished to convince myself by actual experiment, and can testify that in a thousand trials of inoculation practised by myself in different ways on patients whom I allowed to be bitten by various kinds of snakes, I never knew one to fail.—Suffice it to say that the principal amusement of children in this place is to catch, carry about and play with snakes, and that even young ladies keep them in their bosoms or coil them around their necks.'

"The guaco is employed, moreover, in various other disorders of the system with great success. In chronic rheumatism it is an invaluable remedy, both in the form of poultices made of the fresh leaves, or by simply rubbing the part affected with a decoction of the plant in spirits, and taking internally one or two ounces of the expressed juice, morning and evening. Administered in the latter form, it is an efficacious remedy against hydrophobia, if given immediately after the person has been bitten by a mad

dog. General Paez was thus saved, when a youth, from this dreadful scourge of tropical countries; he has, nevertheless, retained in after life some evil effects of the virus still in his system, manifesting itself in a tendency to severe spasmodic affections, especially at the sight of a snake, which invariably induces violent convulsions.

"Next to the guaco in importance as an alexipharmic, may be classed the *raiz de mato*, including several varieties of Aristolochias, the roots of which are intensely bitter. As its name implies, it is said to afford the *mato*—a large species of lizard—a prompt antidote against the bite of his old antagonist, the snake. There would seem to exist some ancient grudge between these two reptiles, many persons asserting that whenever they come in sight of one another, they instantly rush to the attack, the *mato* never failing to overcome his rival by his superior botanical knowledge; this, or his instinct, prompts him to seek the plant, and, swallowing some of the leaves, returns recuperated to the fight.

"It was doubtless from this circumstance the knowledge was first obtained respecting the valuable properties of the plants; and it is not a little remarkable that people in different parts of the world, unacquainted with the botanical structure of Aristolochias should have discovered in them properties of equal merit, and classed them under the same vernacular name."—*Boston Med. and Surg. Journal.*

Whooping-Cough Treated with Bromide of Ammonium.

The following clinical reports on the treatment of whooping-cough by Bromide of Potassium, we find in the *Dublin Medical Press*. The following cases were under the care of Dr. Harley at University College Hospital.

It must still be fresh in the memory of our readers that Dr. Gibb discovered in the bromide of ammonium a most valuable pharyngeal and laryngeal anæsthetic; and it is this special character of the remedy which Dr. Harley has endeavored to turn to useful practical account in the treatment of pertussis. During the last six months a very great number of children have suffered from whooping-cough; and every general practitioner, as well as hospital physician, knows that the success in the treatment of this troublesome affection has not at all been in proportion to our experience of the disease. Indeed, as Dr. Harley in his clinical remarks observed, there are few diseases the diagnosis of which is so easy, the pathology so obscure, and the treatment so uncertain, as those of common whooping-cough. Specifics in abundance have been at various times proposed; but one after another, after a year or two's trial, has gradually fallen into disrepute.—Although the pathology of whooping-cough is still very obscure, one thing, Dr. Harley says, is evident—namely, that the exciting cause of the whoop is the reflex irritation of the branches of the pneumogastric nerves. The pneumogastric nerves supply the glottis by means of their recurrent, the lungs by their pulmonary, the stomach by their gastric, and the diaphragm by the diaphragmatic branches; and let the nerve irritation originate where it may, one thing at least is clear—namely, that the immediate result is spasmodic action of all the parts supplied by the vagi. Thus it is we have the violent expulsive cough, followed by the spasmodic constriction of the glottis, impeding the free return of air to the lungs, and thereby producing that peculiar sound from which the disease takes its name. Next we have the spasmodic action of the stomach inducing vomiting, and that again is aided by the convulsive contractions of the diaphragmatic muscles. Such being Dr. Harley's views, his object in giving bromide of ammonium was to induce, if not semi-paralysis, at least partial insensibility, of the glottis and thereby if possible prevent the occurrence of the spasm, which is undoubtedly the chief source of misery during the attack. His method of treatment is as follows:—

Case 1.—February 9, 1863; Eliza F——, a tolerably well developed child, aged eighteen months, who had whooped for eight days, was first treated with five minims of tincture of belladonna and a quarter of a grain of sulphate of zinc in two drachms of water, thrice a day. 16th: Cough just as before. There is dryness of the throat, showing that the belladonna had produced its specific effect. The treatment is now on the fifteenth day of the disease) to be changed to five grains of the bromide of ammonium dissolved in water three times a day. 19th: Cough, or rather the whoop, is already much better. To repeat the mixture. 27th: The child no longer whoops but has still a slight cough. The bronchitic cough lasted till the 20th of March, when the child was dismissed as cured.

Case 2.—Ellen S——, aged four years and four months, was brought to the hospital on the 5th of May. She had whooped during seven weeks, and had an ordinary catarrhal cough for fourteen days before the whoop commenced. She now whoops every time she coughs, which occurs about three or four times an hour, although she occasionally passes about an hour without coughing. The child was very stout before her illness began, and, although she is not yet emaciated, the mother says that she has lost a great deal of flesh. Skin hot; appetite very bad; bowels usually open twice a day. To have six grains of bromide of ammonium in two drachms of water, three times a day. 8th: To-day the mother states that after leaving the hospital on the 5th she carefully watched the child, and found that she whooped thirty-two times in three hours; but since taking the medicine the whoop is very much diminished, and to-day (third day of the bromide) the child has passed three hours without either coughing or whooping. To repeat the mixture. This patient was not again brought to the hospital.

Case 3.—Feb. 26th: H. W. O——, aged four years, began to whoop on the 22nd (four days ago). Had a catarrhal cough for ten days before he began to whoop. To take six grains of the bromide of ammonium in two drachms of water, three times a day. March 2nd: The child has very much improved. Has only a very slight cough. The whoop has ceased. This is only the fourth day of the treatment and the eighth of the disease.

Case 4.—March 2nd; Brother (aged two years?) of last patient is now ill. He began to whoop on Feb. 25th (six days ago). He is also to be treated with the same medicine; but in order to try the effect of very small doses, only one grain and a half are to be taken thrice a day. March 20th: Child still whoops, though not so much as before. 27th: Whoop ceased two days ago twenty-fifth day of treatment, thirty-first day of the disease).

Case 5.—March 27th: Third child (aged three years) in same family, began to whoop on March 22nd (five days ago). Whoops three or four times a day, and four or five times during the night. As this child was under the same hygienic conditions as the two preceding cases, it was thought an excellent opportunity of still further testing the effects of different doses of the bromide, and accordingly three grains were ordered to be taken three times a day. May 1st: The mother did not bring the child back till to-day, and gave as her reason the fact of the child having ceased to whoop three weeks ago; that is, on the fourteenth day of the treatment, and the nineteenth of the disease. The catarrhal cough, however, still continued, and for this ipecacuanha wine and camphor mixture were ordered. The cough ceased a week later.

Dr. Harley remarked to the students that the remedy does not appear to act by removing the cough, but simply by preventing the occurrence of

its chief and most disagreeable symptom—the whoop. It also appears that the larger the dose of the bromide the more speedy is the cure. To remove the catarrhal after-cough, an ordinary expectorant is all that is required.

Eleven cases are also published that were treated by Dr. GIBB in the same manner at Westminster Hospital. The following is one of his cases :—

Case—Henry D——, aged seven, had whooped for two weeks, preceded by catarrh for ten days. The cough was so severe and the spasms were so prolonged that his mother stated he had been nearly choked several times. They occurred every hour, but more frequently towards night. Four grains of the bromide of ammonium were ordered three times a day. At the next visit the cough was better and the whoop less frequent, the spasms also were not so severe nor so frequent. At the third visit (seventh day of treatment) the whoop had ceased, the spasms had degenerated into a mild cough, and the pertussal nature of the disease had changed. He was now put on the ipecacuanha mixture, which dispelled the cough in a few days, and she was cured.

In some clinical remarks made by Dr. GIBB, he stated that the foregoing cases were a few only that he had kept a note of, as showing the value of the bromide of ammonium in whooping-cough ; and in some cases the results were satisfactory enough. If the little patients had been treated within the hospital wards, and carefully watched, the general results might have been more to be depended on ; for although the children had mostly got well as outdoor patients, yet they were liable to a recurrence of the disease on any unfavourable change of the weather, the result of their general exposure. Judging from his experience in these cases, and those also at the West London Hospital, he would say that whooping-cough, even in very bad cases, could be readily cured by the new salt of bromine ; but like many other remedies, it could not be expected to cure the disease invariably. Learning from experience the effects of the salt upon the mucuous membrane of the entire body, but more especially of the upper respiratory tract, he thought that whooping-cough was one of those diseases that ought to be submitted to its influence, and in the general results he was not disappointed. As a permanent remedy, he had more faith in the dilute nitric acid given in pure syrup, when combined with topical application to the larynx of a solution of nitrate of silver ; but as others had either found it useless or had not given it a trial, it was but right that other agents capable of curing the disease should be made known, and one of these was bromide of ammonium.

With regard to the dose : for infants, two or three grains, three times a day are enough ; to older children from four to eight grains may be given, and in some cases, where the symptoms are remarkably severe, even ten grains. The simpler the vehicle the better, but if there is a tendency to bronchial or pneumonic inflammation, it should be combined with either a mixture or the wine of ipecacuanha.

The special nervous symptoms seem to be more under the control of the drug than the catarrhal, for the spasms diminish in frequency and severity, and consequently the whoop is not so often heard, showing a subsidence of the active symptoms. *Pari passu* the cure is not more speedy than from the dilute nitric acid in uncomplicated cases ; nevertheless, it is worthy of a more extended trial, especially in severe and obstinate cases.

Radical Cure of Hydrocele.

The treatment of hydrocele would scarcely appear to be open to much improvement, and yet M. MAISONNEUVE may be said to have rendered valuable service to country practitioners, in supplying them with the means of curing hydrocele without assistants and without any iodised or vinous injection. Surgical instrument-makers, by flattening the handle of the trochar, have made it a much more portable instrument ; it can be placed in the common dressing case, and no peculiar apparatus is now required for the operation. A radical cure can be effected with the trochar, a common conductor probe, and a stick of nitrate of silver. The procedure is instituted as follows :—The cylinder of caustic and the probe are placed together in the flame of a candle, the nitrate of silver melts, and one drop adheres to the conductor, and solidifies on its point. The tumor is then punctured and its contents removed. The style after being cleansed of the lamp-black on its surface, is inserted into the tunica vaginalis through the canula, and carried rapidly three or four times over its surface. The nitrate of silver dissolves in the cavity, and induces a sufficient amount of inflammation to secure satisfactory results. After this operation, M. MAISONNEUVE is of opinion that the patient should remain in bed for a week or ten days. In one month a complete cure is effected. We should add that the same procedure is applicable to all small serous cysts, in which the tincture of iodine is habitually injected.—*Jour de Méd. and Dublin Med. Press.*

The Moisture in the Air.

One of the most curious and interesting of the recent discoveries of science is, that it is to the presence of a very small portion of watery vapor in our atmosphere—less than one-half of one per cent. —that much of the beneficient effect of the heat is due. The rays of the heat sent forth from the earth after it has been warmed by the sun, would soon be lost in space, but for the wonderful absorbent properties of these molecules of aqueous vapor, which act with many thousand times the power of the atoms of oxygen and nitrogen, of which the air is composed. By this means, the heat instead of being transmitted into infinitude as fast as produced, is stopped or dammed up, and held back on its rapid course, to furnish the necessary conditions of life and growth. Let this moisture be taken from the air but for a single summer night, and the sun would rise the next morning upon a "world held fast in the grip of frost." But the power of absorption and of radiation in the same body are always equal, so that at length it is poured forth into space, else our atmosphere would become a vast reservoir of fire, and all organic life be burned up.

Hygienic Importance of Light.

Dr. MOORE, the metaphysician, thus speaks of the effect of light on body and mind :—"A tadpole confined in darkness would never become a frog ; and an infant being deprived of heaven's free light will only grow into a shapeless idiot, instead of a beautiful and responsible being. Hence, in the deep, dark gorges and ravines of Swiss Valais, where the direct sunshine never reaches, the hideous prevalence of idiocy startles the traveller. It is a strange melancholy idiocy, many citizens are incapable of articulate speech ; some are deaf, some are blind, some labor under all these privations, and all are misshapen in almost every part of the body. I believe there is in all places a marked difference in the healthiness of houses according to their aspect with regard to the sun, and those are decidedly the healthiest, other things being equal, in which all the rooms are, during some parts of the day fully exposed to the light.

Epidemics attack inhabitants on the shady side of the street and exempt those on the other side, and even in epidemics, such as ague, the morbid influence is often thus partial in its labors.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, OCTOBER 24, 1863.

PREMIUMS FOR NEW SUBSCRIBERS.

In response to frequent suggestions we have determined to offer strong inducements to subscribers to aid in extending our circulation. There is no way in which a physician can spend money to better advantage than in the purchase of books. Subscribers will add One Dollar's worth of books *to their libraries hereafter, for every new subscriber they send us with the subscription money in advance for a year.* The books will be sent by mail, postage paid.

Those who send new names will please designate any book or books they wish, provided only they are published in this country, to the amount of one dollar for each new name sent with the subscription for a year in advance.

For any effort made by our subscribers to extend the circulation of the Reporter they will be well repaid in the improvements it will give us the means of making in the work. The Reporter is already the most widely circulated medical journal by far in the United States, but we are anxious as speedily as possible to double its circulation that we may be enabled to add correspondingly to its interest and usefulness.

We print on another page a list of the more important medical books published, from which selections may be made.

SURGEON-GENERAL HAMMOND.

On his return to New York from Hilton Head, Surgeon-General Hammond seems to have re-embarked almost immediately to inspect the military posts on the Gulf of Mexico. The following is the order under which he is acting:

"The Sanitary condition of the Department of the South and Gulf requiring special attention and care at this time, it is ordered:—That Surgeon-General Wm. A. Hammond proceed by the first steamer sailing from New York to Hilton Head and Charleston Harbor, thence to Key West and New Orleans. He will establish his head-quarters in the Department of the Gulf until further orders, giving his special personal attention to the medical branch of the service in that Department and in the Department of the South, securing the adoption of the proper sanitary measures required for the preservation of the health of the armies in those Departments. He will report to the Secretary of War every ten days."

This is certainly very unusual employment for a Surgeon-General, and we can hardly interpret his being detailed on such a mission as a "compliment" to his "profound knowledge of Hygiene," as is done by a cotemporary.

We announced a few weeks ago that a commission had been appointed to investigate into alleged maladministration of the affairs of the Medical Department. That commission is now in session in this city. It has been asserted in the newspapers that they have discovered nothing which will lead to the crimination of Dr. Hammond. We certainly hope, for his sake and for the credit of our profession, that they will not, though we doubt not that such an announcement is premature and unauthorized. It is very evident that newspaper penny-a-liners are, and have been, engaged in trying to shield Dr. Hammond from public censure for some of his acts.

We trust that it will be in the line of inquiry of the commission to find out how many homœopaths, eclectics, and irregulars and incompetents of all kinds, have been appointed to positions under Dr. Hammond's administration.

The *American Medical Times*, the special organ of Dr. Hammond, recently published an elaborate article reviewing his services, and setting forth his claims for the position to which certain influences, some of them we fear of a questionable character, had appointed him. Now we are not disposed to detract from Dr. Hammond any merit that really belongs to him for his management of the medical department of the army. We have uniformly spoken of his administration in commendation, where we could conscientiously do so. But our readers are aware that we did not recognize the necessity of the change in administration when it took place. The department was in good hands when it was re-organized, and there was no call we thought for a change in its head. It is very far from being true, as asserted by the *Times*, that Surgeon-General Hammond's predecessor was an octogenarian, and the insinuations of that journal in derogation of his mental and physical qualifications are unworthy of it. He was entirely competent for the discharge of the duties of the post, and we have no doubt would have proved himself fully equal to the extraordinary emergencies in which the Medical, in common with every department of the Government, was placed by the rebellion.

As to Dr. Hammond's peculiar qualifications for the position, the *Times* certainly exaggerates them

greatly. His service in the medical staff of the army had been of but short duration, and in a time of profound peace, when assistant surgeons had little opportunity for practical experience and observation. "Distinguished as a teacher in a prominent medical school." When? Where? If our memory serves us rightly he was for one or two sessions a professor in the Medical Department of the University of Maryland. If he was so distinguished, why were not his services retained? "A world-wide reputation as a scientific medical writer." This was chiefly confined to contributions to a medical journal detailing some physiological experiments and speculations, observations on certain animal poisons, etc. "The best possible representative of the medical profession, and of the volunteer corps." To the first assertion we enter an emphatic disclaimer, and fear not but our profession will fully bear us out in it. Our answer to the second assertion is, that but a moment before, the *Times* claimed Dr. HAMMOND's fitness for the position on the ground of services on the medical staff of the army. He had but recently resigned his position in the regular army, and it cannot fairly be claimed for him that he was the "best possible representative of the volunteer corps." What were his qualifications for instance, in any respect claimed by the *Times*, in comparison with those of Dr. FRANK H. HAMILTON, of New York?

The *Times* makes the claim that among Surgeon-General HAMMOND's first acts was the "re-organization of the Examining Boards, and raising the standard of qualification for admission to the regular and volunteer staffs," thus passing to his credit an inevitable result of the progress of events. The requirements for admission into the staff of the regular army always were of the severest kind, while, when the change was made in the administration of the department, the incompetent volunteer surgeons were in process of being removed as fast as possible. The former administration could not justly be held responsible for the incompetent volunteer surgeons with whose appointment to their positions it had had nothing to do, until it had time to have their claims investigated. We are certain that on this score nothing was gained by the change. Much credit has been given to Dr. HAMMOND for his proposed Medical and Surgical History of the War. We will certainly accord him the credit of putting the execution of the work into good hands. The work itself is nothing new, as any one knows who knows anything of the past history of the Department. That there is more interesting material for such a work now than in former years, is no ground to base Dr. HAMMOND'S claims for the office upon. So, in regard to the Army Medical Museum about which, a great deal has been said. Its establishment is due to the exigencies of the times, and Dr. HAMMOND only did what any Surgeon-General would have done.

The office of Surgeon-General of the United States is one of great importance and dignity. Its occupant should have a better claim to it than any founded on mere personal or monied influence, or the advocacy of parties whose influence has tended to degrade the Medical Bureau. He should be a man of experience, a practical man. Thirty or forty years schooling as an army surgeon, in our view, so far from disqualifying a man for the position of Surgeon-General, would, other things being equal, be a strong recommendation. The position is of sufficient importance too, to attach to it a higher rank than that of Brigadier General. The Surgeon-General should rank as a Major General in the army. All our medical officers should rank higher than they do.

There is no argument used by the *Times* in favor of the re-organization of the Medical Department of the *Army* that does not apply with equal force to that of the *Navy*. Does that journal favor the supersedure of the present experienced head of the Naval Medical Bureau and the appointment of some impracticable, merely because he is younger in years?

EXCHANGE OF SURGEONS.

We recently propounded some queries as to the cause of the suspension of the plan adopted early in the war, of regarding surgeons as non-combatants. We have our answer in some correspondence published in a Richmond paper. It seems that some time since a Dr. RUCKER committed some alleged offences within the limits of West Virginia. The indictments against him charge him with murder, horse stealing, and other offences, and

the "commonwealth of Virginia" claim the right to punish him by their laws as a criminal. Dr. Rucker being in the United States service at the time of his falling into the hands of the rebels, he is regarded by the Government as a prisoner of war, and entitled to treatment as such. Certainly the Government has no disposition to acknowledge the rebellion by acceding to the demands of the insurgents in this case, consequently, as a retaliatory measure, a Dr. Green of the rebel army has been placed in confinement as a hostage for Dr. Rucker. The rebels have therefore stopped releasing our surgeons at all, lest they should by so doing appear to acknowledge the right of the Government to retain Dr. Green as a hostage for Dr. Rucker. This course necessitates the retention of the rebel surgeons in the hands of the Government, and makes non-combatantism very good in theory, but very poor in practice, for the time being.

What the rebels are making by their course may be judged from the fact that while they have twenty-three United States surgeons and assistant surgeons which they refuse to exchange, there are upward of seventy of their surgeons and assistant surgeons in the hands of the Government.

The legitimate effect of this misunderstanding will be the neglect of the wounded by surgeons on the battle-field, for fear of falling into the hands of the enemy. It is to be hoped therefore that the affair will speedily be adjusted. We cannot see how it is possible for the Government to pursue a different policy in the case from the one it has laid down. If it is right, it must be firmly adhered to.

Notes and Comments.

Maimed Soldiers.

At the Haddington Hospital in this city for maimed soldiers, there are about seventy-five patients, under the professional care of Dr. R. J. Levis as surgeon in charge. There have been a number of cases where re-amputation was necessary.

Mr. B. Frank Palmer of this city, the inventor of the celebrated Palmer limb, is fitting these men with substitutes for their lost legs.

New York Ophthalmic School.

The twelfth session of this institution was opened on the evening of the 17th inst., in the building corner of Twenty-eighth street and Fourth avenue. The President, Solomon Jenner, Esq., introduced the exercises with a few appropriate remarks, which showed the usefulness of the institution, over 10,500 charity patients having been attended at this hospital since its organization. Dr. Mark Stephenson delivered the introductory lecture to his twelfth course, in which he spoke of the anatomy, pathology and treatment of diseases of the eye in the hospital. He dwelt at length on the tenderest organ of man, dissecting its every fibre, and depicting the blessings of vision in a happy manner. The attendance was rather large, and a good deal of interest was manifested by the audience during the discourse of Dr. Stephenson. Dr. Marcus P. Stephenson, at the close of the exercises, announced the course of clinics and other lectures which would take place from henceforth.

Correspondence.

FOREIGN.

LETTER FROM Dr. W. N. COTE.

Paris, *September* 10th, 1863.

Death from Sting of a Fly.

A case of death from the sting of a venomous fly has just occurred at Lyons. A joiner named Elmin a few days ago consulted his physician on a painful pimple which he had on his forehead, the doctor, on opening it with a bistoury, was astonished to find the inside quite black. From the account it would seem that this disciple of Æsculapius was utterly ignorant of the nature of carbuncle; for, instead of extirpating the disorganized part, and applying a powerful cautery, he simply distressed the man without doing anything, and the patient died in the course of twenty-four hours, with his whole face swollen to an enormous size. I may here state that this affection is extremely rare at Paris, notwithstanding the contrary opinion expressed some time ago in some of the Paris journals, which attributed the disease to the stagnant waters of the canal St. Martin, and the dead bodies of cats and dogs thrown into it; this year one case only of this description has been treated in the capital at the Hôpital Necker; in 1862, there were but there, and the year before only one. Generally speaking, none but knackers and tanners, or those who live in the immediate vicinity of places where these crafts are practised, are liable to contract this disease, either through infection by contact, or inoculation by an insect. Hence the canal St. Martin is not more dangerous than the Seine; first, because it is regularly cleansed, and then because flies generally seek the air and sunshine, and do not therefore haunt arched passages and dark places, such as sewers, etc.

Sugar made from cast off Skins of Serpents.

You may remember that in 1861, M. De Luca made some experiments, from which it appeared

that the skins cast off by silk worms might be transformed into sugar. The same chemist has now sent in a paper to the Academy of Sciences, in which he describes a similar process for changing serpents' skins into sugar. These skins contain a small quantity of a substance resembling the cellulose of plants, soluble in ammoniuret of copper, and transformable into glucose, which reduces the tartrate of copper and potash, and ferments under the influence of yeast, yielding thereby carbonic acid and alcohol. Concentrated sulphuric acid and a solution of potash are the best reagents for depriving serpents' skins of their nitrogenous matter—the residue, although very refractory to chemical agents, may nevertheless be transformed into fermentable glucose, recognisable from its property of reducing the tartrate of potash and copper. Thus M. De Luca boiled 50 grammes of serpents' skins in a litre of water, containing 40 grammes of caustic potash; the skins having been previously treated with concentrated sulphuric acid; the liquid having been allowed to cool, a great deal of water was added, and the undissolved residue was several times wasted by decantation, and then treated with ammoniuret of copper, whereby an alkaline solution was obtained, which, on being neutralized by hydrochloric acid, yielded a white precipitate; this being heated in slightly acidulated water, reduced the tartrate of copper and potash, thereby showing that it was glucose or the base of sugar.—In another, somewhat similar operation, glucose was obtained which fermented in contact with yeast, producing carbonic acid and alcohol; the former was completely absorbed by caustic potash, the alcohol extracted from the solution by distillation, and insulated by means of crystalized carbonate of potash, was nearly pure, since it would burn without leaving any residue; rubbed between the hands it evaporated emitting an agreeable smell, though still partaking of that of animal matter. From all this it may be concluded that serpents' skins contain a very small quantity of sugary matter or glucose.

Marriages of Consanguinity.

Dr. Guipon gives an account of the effects of marriages between relations, observed by him in a single family, and deduces the following consequences from his observations: That consanguinity exercises a depressing influence over the vital powers, and leads to sterility, deafness, and its natural concomitant privation of speech, weakness of the eyes, etc., that aided by other causes, such as drunkenness and the consequences of a dissolute life, it may determine paralysis, spontaneous gangrene, and a disturbance of the nervous system, and that lastly the intellectual faculties may be seriously impaired.

A Case of Trance.

A woman, supposed to be dead, was a few days ago removed to the hospital of Blidah, in Algeria, for the purpose of being subjected to a post mortem examination, her disease having appeared inexplicable to the medical men who had attended her. As the Surgeon was about to make use of the scalpel and commence her dissection, the supposed corpse uttered a loud shriek and sat up; she had been in a state of lethargy and awoke only just in time. It will be remembered that Abbe Prevost, the author of 'Manon Lescaut," was less fortunate, it is known that he died from wounds inflicted by the dissecting knife under precisely similar circumstances.

Inoculation as a Protection against Contagious Typhus Fever in Cattle.

A grazier of Pomerania has communicated to the school of Medicine, at Berlin, a method of his for preserving horned cattle from the contagious typhus fever, which, a few years ago, caused such uneasiness to agriculturalists in Germany. It consists in inoculating the animals with the saliva of a subject laboring under the disease by making an incision somewhat less than inch in length on the inner side of the thigh.

Ill effects of Reading while travelling by Rail.

The attention of medical men both of England and France has of late been drawn to the ill-effects resulting from the habit of reading while travelling by rail. Dr. Legrand de Saville remarks, that reading under such circumstances is extremely fatiguing to the eyes, owing to the jolting of the vehicle, and that this fatigue induces headache, and often orbitary pains round the eyes, with a slight congestion of the retina, which, when the habit has become regular and inveterate, and the subject is advanced in age, may in the end determine a real congestion of the brain.

A New Metal.

It appears that two German students, by means of the spectroscope have just discovered a new metal, a twin brother of thallium, a soft metal like lead, volatile; when burnt, instead of the green light of thallium, it gives a pure brilliant indigo colored light.

Pharmaceutical Chemistry.

An English paper states that a number of gentlemen met during the meeting of the British Association, at Newcastle, with the view of forming themselves into a body, for the purpose of advancing pharmaceutical chemistry. In this is seen one of those important steps of advancement, the first of which was the formation of the Pharmaceutical Society, and which must end in raising the great body engaged in the art and science of preparing medicines after the prescriptions of the physician into the truly responeible position which their duties require. On the continent the chemist and druggist is a professional man of no small scientific attainments, and it is to be hoped a similar status will soon be gained in England and the United States. The too frequent occurrence of death by poisoning, either from the ignorance or carelessness of the chemist and druggist, must make the people of both those countries sympathize with the object of the meeting.

Army and Navy News.

Promotions in the Regular Army.

The following is a list of the promotions in the Regular Army, since the publication of General Orders No. 181, of Nov. 1, 1862, and up to July 1, 1863. Those marked with a star are made by the President alone, the others are by and with the advice and consent of the Senate.

*Assistant-Surgeon James T. Ghiselin, to be Surgeon, June 14th, 1862, vice Wood, appointed Assistant-Surgeon-General.

Assistant-Surgeon John F. Randolph, to be Surgeon, August 27, 1862, vice DeCamp, retired.

Assistant-Surgeon George Hammond to be Surgeon, August 27, 1862, vice Edgar, retired.

Assistant-Surgeon Anthony Heger, to be Surgeon, September 17, 1862, vice White, killed in battle.

*Assistant-Surgeon Charles T. Alexander, to be Surgeon, February 9, 1863, vice Barnes, appointed Medical Inspector.

*Assistant-Surgeon Bennett A. Clements, to be Surgeon, February 27, 1863, vice Summers, appointed Medical Inspector.

Ordered.

Assistant Surgeon A. C. Rhoades, ordered to the Naval Hospital, New York.

Assistant-Surgeon S. D. Flagg, Jr., ordered to the Naval Laboratory, New York.

Assistant-Surgeon C. R. Greenleaf, U. S. Army, has been relieved from duty at the U. S. General Hospital, Chestnut Hill, Philadelphia, and ordered to report in person, without delay, to Surgeon J. Simpson, U. S. Army, Medical Director of the Middle Department, for duty in his office.

Assistant-Surgeon T. C. Brainerd, U. S. Army, has been relieved from duty in the Department of the South, and ordered to report for duty at the Chestnut Hill Hospital, Philadelphia, Pa.

Assistant-Surgeon-General R. C. Wood, U. S. Army, has been ordered to repair to Louisville, Ky., and establish his office at that place, instead of St. Louis, Mo.

Assistant-Surgeon C. S. DeGraw, U. S. Army, has been ordered to repair to Washington, D. C., to report in person to the Surgeon-General, U. S. Army, for assignment to hospital duty.

Surgeon D. L. Magraw, U. S. Army, has been relieved from duty in the Department of the Missouri, and ordered to repair, without delay, to Louisville, Ky., and relieve Surgeon A. P. Meylert, U. S. Volunteers, in the duties of Medical Purveyor at that place.

Assistant-Surgeon H. L. Sheldon, U. S. Army, now on duty at West Point, New York, on being relieved by Assistant-Surgeon E. S. Denoter, U. S. Army, has been ordered to report, without delay, to Major-General Banks, commanding the Department of the Gulf.

Assistant-Surgeon W. C. Spencer, U. S. Army, has been relieved from duty in the Department of the Gulf, and ordered to repair to Washington, D. C., to relieve Assistant-Surgeon E. S. Dunster, U. S. Army, now on duty in the Surgeon-General's office.

Assistant-Surgeon E. S. Dunster, U. S. Army, now on duty in the Surgeon-General's office, on being relieved by Assistant- urgeon W. C. Spencer, U. S. Army, has been ordered to proceed at once to West Point, N. Y., and relieve Assistant-Surgeon H. L. Sheldon, U. S. Army, now on duty at that place.

Surgeon R. H. Gilbert, U. S. Volunteers, has been relieved from duty with the Army of the Potomac, and ordered to report in person to Surgeon John Campbell, U. S. Army, Philadelphia, Pa., Medical Director of the Department of the Susquehanna.

The Board instituted by Special Orders No. 414, September 15th, 1863, of the War Department, to Examine the Hospitals in the Department of Washington, D. C., have been ordered to examine the hospitals in the District of St. Mary's, Md., and report in like manner the names of all the occupants, whether patients or enlisted men, connected therewith, who are able to join their regiments; also the names of all the regular soldiers, whether sick or not. The company and regiment of each man will be given and also the name of the Surgeon in charge of the hospital.

Surgeon D. L. Magruder, U. S. Army, has been relieved from duty in the Department of the Missouri, and ordered to proceed, without delay, to Louisville, Ky., and relieve Surgeon A. P. Meylert, U. S. Volunteers, in the duties of Medical Purveyor of that place.

Assistant-Surgeon R. Fletcher, U. S. Vols., Assistant-Surgeon N. F. Marsh, U. S. Vols., and Assistant-Surgeon H. Eversman, U. S. Vols., to report in person, without delay, for duty, to Surgeon W. S. King, U. S. Army, Medical Director Department of Ohio, at Cincinnati, Ohio, and by letter to Assistant-Surgeon-General Wood, at Louisville, Ky.

Assistant-Surgeon J. M. Study, U. S. Volunteers, to report in person, without delay, for duty, to Surgeon J. Moore, U. S. Army, Medical Director of the Department of the Tennessee, at Vicksburg, Miss., and by letter to Assistant-Surgeon-General Wood, at Louisville, Ky.

Surgeon George E. Cooper, U. S. Army, to proceed without delay to Louisville, Ky., and report in person to Assistant-Surgeon-General Wood, at that place, for duty.

Surgeon C. H. F. Campbell, U. S. Vols., Assistant Surgeon E. P. Morong, U. S. Vols., and Assistant-Surgeon N. S. Barnes, U. S. Vols., to report in person, without delay, for duty, to Surgeon Charles Sutherland, U. S. Army, Medical Director Department of Virginia and North Carolina, at Fort Monroe, Va.

Assistant-Surgeon J. W. Leete, U. S. Vols., to report in person, without delay, for duty, to Surgeon J. Simpson, U. S. Army, Medical Director Middle Department, Baltimore, Md.

Assistant-Surgeon G. A. Mursick, U. S. Volunteers, to report in person, without delay, to Surgeon R. O. Abbott, U. S. Army, Medical Director, Washington, D. C., for duty in the Stanton Hospital.

Detached.

Hospital Steward Charles C. Smith, U. S. Army.

Surgeon James Laus, detached from the Naval Laboratory, New York, and waiting orders.

Assistant-Surgeon Walter R. Scofield, detached from the Navy Hospital, New York, and ordered to the supply steamer Union.

Assistant-Surgeon Daniel McMurtrie, detached from the Minnesota, and ordered to the Sangamon.

Assistant-Surgeon Wm. S. Fort, detached from the Sangamon and ordered to the Minnesota.

Resigned.

Assistant-Surgeons F. T. Dale and R. J. Levis.

Revoked.

The appointments of the following named Hospital Stewards, U. S. Army, have been revoked:—John M. Robinson, J. K. McCurdy.

Miscellaneous.

The Commanding General, Department of the East, has been authorized to remove the sick and wounded prisoners at David's Island, New York harbor, to one of the smaller hospitals on Bedloe's Island, and to transfer the patients in hospital at Fort Schuyler to David's Island.

The MacDougall Hospital has been discontinued, and the buildings will be removed.

Discharged.

By direction of the President, the following officers have been honorably discharged the service of the United States :—

Surgeon E. D. Bailey, U. S. Volunteers.
" George B. Twitchell, U. S. Volunteers.

Dismissed.

The following Assistant-Surgeons have been court martialed and dismissed fram the service :—

Assistant-Surgeon William Robinson, 8th Kentucky Vols.; Assistant-Surgeon George Dougherty, 59th New York Vols.; Assistant-Surgeon James M. Morrison, 48th Pennsylvania Vols.; Assistant-Surgeon Edward G. Pugsley, 1st Minnesota Vol.

The following promotions and appointments have been made by the Governor, in the New York State Volunteer Regiments, since the 1st of Sept. 1863 :—

Assistant-Surgeon Augustus Campbell, 148th vols., to be Surgeon, August 27, 1863, vice J. E. Dexter, discharged.

Frederick S. Treadway, to be Assistant-Surgeon, 75th regiment, August 25th 1863, vice W. Blaisdell, resigned.

Charles Mitchell, to be Assistant-Surgeon 110th regiment, August 31st, vice C. E. Huntington, resigned.

Edwin Hutchinson, to be Surgeon 127th regiment, August 23d, 1863, vice J. M. Farrington, resigned.

George H. Fossard, to be Assistant-Surgeon 146th regiment, September 10th, 1863, vice E. C. Boss, resigned.

Assistant-Surgeon Calom H. Carpenter, to be Surgeon, August 14th, 1863, vice J. Bellows, resigned.

Philo K. Stoddard, to be Assistant-Surgeon 161st regiment, September 3d, 1863, vice J. L. Dolson, resigned.

William T. Neulis, to be Assistant-Surgeon 69th N. G. Artillery, September 10th, 1863.

The following commissions have been issued by the Governor of Massachusetts during the week ending October 17th :—

William Ingalls, M. D., of Winchester, 5th regt. Mass. V. M., to be Surgeon 59th reg ment, October 13th, 1863.

Byron L. Fowler, to be Assistant-Surgeon 9th regt. Artillery, September 7th, 1863, vice B. Dewitt, resigned.

McDougall Hospital.

The McDougall General Hospital, at Fort Schuyler, New York, is to be closed without delay, and its patients removed to other hospitals. This is one of the oldest of the United States military hospitals, and contains two thousand beds. It is under the charge of Assistant-Surgeon WARREN WEBSTER, United States Army.

Medical Headquarters Removed.

By order of the War Department, Assistant Surgeon-General WOOD has removed his headquarters from St. Louis, Mo., to Louisville, Ky.

News and Miscellany.

It is rumored that Gen. FOREY has died of yellow fever.

A Discovery.

A discovery, it is said, has been made in Russia, whereby the mercury used in manufacture of looking-glasses may be so hardened as to bid defiance to humidity, friction, or blows. The plate glass thus prepared may be transported without fear of damage, and the silvering being accomplished by a cheaper process than any yet known, the glass is ten or twenty per cent. cheaper than at present.

The Professorships in the Free Academy.

Dr. JOHN OGDEN DOREMUS has been appointed by the Board of Education to the vacated professorship in the Department of Chemistry and Physics of the New York Free Academy. Dr. JOHN C. DRAPER has been constituted professor in the department of Natural History and Physiology, in place of Dr. DOREMUS, who previously held the position.

New York Ophthalmic Hospital.

Dr. M. STEPHENSON, Senior Surgeon to the New York Ophthalmic Hospital, at the corner of Fourth Avenue and Twenty-eighth Street, reported to the Board of Directors, on the 13th inst., 320 additional charity patients with diseases of the eye, since the last quarterly report, and over 10,500 since its organization.

OBITUARY.

The following obituary notice of the late Dr. CALVIN WEST of Indiana we copy from the *Cincinnati Lancet and Observer*.

"He died at peace with himself, with the world, and with his God.

In the latter part of May last, at the solicitation of Gov. Morton, and the sanitary authorities of the State of Indiana, Dr. West, with others, went down the Mississippi river to render special volunteer surgical aid to the needy of General Grant's army, who were wounded in the sanguinary battles that immediately preceded the regular investment of Vicksburg. He remained with the army in the vicinity of Vicksburg in active service until the first of August, when he was seized with a violent but painless diarrhœa, and in a few days left for home.

After much suffering from the inconvenience of travelling, he arrived at home on the 12th of August in a very debilitated condition. A few days of home management made such a favorable change in his disease and condition as led to the liveliest hope of an early restoration to health. But a relapse set in on the 22d of August, increasing on the 23d, and although the diarrhœa was then checked, he was so far exhausted that he continued to sink, and quietly expired at 1.30 o'clock, A. M., on the 25th, twenty-five days after the beginning of the attack. With a clear intellect he was entirely conscious until within a few minutes of his demise, and comprehending fully his situation, made every disposition for his approaching transit to eternity.

Thus did the patriotic volunteer fall a victim to the destroying angel while responding to an appeal to his professional philanthrophy made by the rulers of the State. And lately the special volunteer service has been particularly fatal to Indiana Surgeons. Dr. Bullard, of Indianapolis, Dr. Elliott, of Thorntown, and Dr. West, of Hagerstown, all members of this same expedition, have died of disease contracted while on their mission of mercy.

Dr. West was the youngest son of an extensive and thrifty farmer in Oneida County, New York. Having little inclination for farm duties, and early manifesting a great devotion to books, he was given a liberal education. He studied medicine with Drs. G. W. and H. H. Pope in Rome, N. Y., and graduated at Fairfield in 1831. The same year he left for the West, and after several changes of location, finally settled, about eighteen years ago, in Hagerstown, where he continued until his death. In 1852–53 he attended lectures, and took the *ad eund-m* degree in Jefferson Medical College, Philadelphia. In 1834, he married the youngest daughter of Dr. Jacob Wolf, who survives him without children.

Dr. West was intensely devoted to his profession in its highest and scientific aspect. He was a constant attendant at County, State and National Medical Society meetings, and always an active and working member; was diligent in the observation of the phenomena of disease in the living, and of pathological changes in the dead. He had a high sense of order, and was methodical in all his affairs, in some things to a fault. He was a liberal supporter of whatever tended to elevate the professional standard or promote the professional welfare. He was the greatest patron of medical journals, had the largest library, the most extensive anatomical and pathological museum, and the most complete assortment of surgical instruments and other appliances in mechanical medicine of any practitioner in his own part of Indiana, and I presume his possessions were, in these particulars, more ample than those of any one in the State."

ANSWERS TO CORRESPONDENTS.

☞ *Correspondents will please notice our reiterated request to give their full address in their communications to us. Our correspondence is very extensive, and it is necessary for us always to know the Town, County and* State *from whence their letters are sent.*

Dr. A. F., Michigan —The price for the Reporter and *Braithwaite* in advance is $5. These are our lowest terms for any number of copies. You will find different prescription books and their prices published under the head of Formularies in our premium book list in No. 360. Pereira's little work is an excellent instructor on the subject of writing prescriptions.

Dr. G J. J., New Jersey.—The Pessaries were sent by mail on the 19th inst.

Dr. C. H H, New Hampshire —Your enclosure calling for back numbers has been duly received, and will be attended to.

Dr. J. C D., Ohio.—The price of Duchenne's Faradizing apparatus is $3—without the battery. The price of the Electro-Magnetic battery is from $10 to $15, and of a Magneto-Electric machine about $8.

Dr. S. F S., New York.—We sometimes furnish wood-cuts to the articles of correspondents where they are satisfactory, and also insert them when they are sent by the author.

Dr. W. S. H., Ohio.—We have sent you the vaccine matter. It is a scarce article just now, though a great deal is due us from those to whom we have sent supplies and we expect to be able to supply all demands which are rapidly increasing. Our plan is a very great accommodation to the profession, and we hope all will co-operate with us by adhering strictly to our terms.

Dr. J. L. C., Mass.—We can furnish the first five volumes of the Reporter unbound, at the original subscription price, viz.: $7.50.

MARRIED.

Bartholf—Bailey.—At St. Paul's Church, Philadelphia, on the 22d inst., by the Rev. Dr. Goddard, Surgeon John H. Bartholf, U. S. A., and Miss Emma C. Bailey, of Philadelphia.

Bostwick—Husted.—October 8th, in Centerville, R. I., by Rev. J. B. Husted, Dr. E. W. Bostwick, of Hudson, N Y., and Miss Mary R. Husted, daughter of the officiating clergyman.

Frishmuth—Conover.—On Thursday, October 14th, at Keyport, N. J., by Rev. S. Lockwood, Jacob Frishmuth, M. D., and Henrietta, daughter of P. P. Conover, all of Keyport.

Graham—Brown.—October 17th, by Rev. C. R. Hartranft, Curtis Graham, M. D., of New York, and Miss Emma Brown, of Middletown Point, N. J.

Harriman—Peak.—On Wednesday, October 14th, at Trinity Chapel, New York City, by Rev. William S. Ludlam, Horace M. Harriman, U. S. N., and Sophie A. Simmons, adopted daughter of Dr. U. H. Peak, of Fort Howard. Wisconsin.

M'Culloh—Watson.—On Tuesday, September 29th, by Rev. R. F. Sample, Dr. John K. M'Culloh, of Baltimore, Md., and Miss Ella, daughter of Dr. W. H. Watson, of Bedford, Pa.

Miller—Cunningham —On the 6th inst., by Rev. A. O. Rockwell, assisted by Rev. O. H. Miller, Oliver L. Miller, M. D., and Miss Mary Jane Cunningham, all of Lebanon, Allegheny County, Pa.

Newport—Smith.—In Perth Amboy, N. J., on Thursday, October 22d, by Rev Alexander Jones, D. D., Henry Newport, of New York, and Mary Scott, daughter of Charles McK. Smith, M. D.

Opdyke—Post.—In New York City, on Tuesday, October 20th, at the Collegiate Dutch Church, by Rev. George E. Post, William S. Opdyke, and Margaret E., daughter of Prof. Alfred C. Post, M. D., of that city.

Potter—Newton.—In New York City, on Monday, October 19th, at the residence of the bride's father, Robert S. Newton, M. D., by Rev. W. P. Strickland, Willard C. Potter, of Memphis, Tenn., and Mary F. Newton, late of Cincinnati.

Reeve—Clow.—On Wednesday, October 31st, at St. Paul's Church, Tivoli, N. Y., by Rev. Mr. Platt, Augustus H. Reeve, of New York, and Jennie Livingston, daughter of the late Robert Clow, M. D., of Clairmont.

Tice—Olmstead.—On Monday, October 5th, at the residence of the bride's parents, by Rev. J. B. Sherrill, Lewis Tice, M. D., and Miss Ruth A., daughter of Chauncey Olmstead, Esq., all of Meridian, N. Y.

Weir—McPherson.—At All Saints' Church, Frederick, Md., October 8th, by Rev. Mr. Perryman, Dr. Robert E. Weir, U. S. A., and Marin, daughter of Mr. Robert G. McPherson of Frederick.

DIED.

Buckelew.—In New Brunswick, N. J., on Thursday morning October 15th, Frederick Buckelew, M. D., aged seventy-seven years and three months.

Darby.—In Newark, N. J. October 22d, of paralysis, John S. Darby, M. D., aged seventy-six.

Ermer.—In Springfield, N. J., on Saturday, October 17th, Dr. John C. Ermer, aged 46 years.

METEOROLOGY.

October	12,	13,	14,	15,	16,	17,	18.
Wind.....	W.	W.	N. W.	N. W.	N. E.	S. W.	S.
Weather....	Clear.	Clear. White Frost.	Clear. Dense Fog.	Clear.	Cl'dy Rain.	Clear.	Clear. Fog.
Depth Rain...					1 4-10		
Thermometer							
Minimum.....	45°	35°	42°	43°	53°	54°	54°
At S A. M.....	57	47	50	55	64	61	59
At 12 M..	55	57	57	70	65	68	73
At 3 P. M.....	57	57	63	72	66	68	74
Mean.....	53.5	49	53	60	62	62.7	65
Barometer.							
At 12 M.....	30.1	30.2	30.2	30.1	29.9	30	30

Germantown, Pa. B. J. Leedom.

VITAL STATISTICS.

	Philadelphia. Week ending October 17.	New York. Week ending October 19.	Baltimore. Week ending October 19.	Boston. Week ending October 17.	Providence. Month of September.
Popl'n, (estimated.)	580,000	950,000	240,000	180,000	52,000
Mortality.					
Male	146	237	63	36	65
Female	162	184	42	55	62
Adults	160	191	49	36	56
Under 15 years	142	225	53	52	67
Under 2 years	95	140	27	50*	48
Total	308	421	105	91	127
Deaths in 100,000	53.1	44 32	43.75	50.55	244 23
American	210	271	...	69	105
Foreign	76	150	...	22	22
Negro	12	6	21	4	2
Zymotic Diseases.					
Cholera, Asiatic	...	...	...	...	...
Cholera Infantum	8	8	...	9	15
Cholera Morbus	...	2	...	...	...
Croup	8	18	9	5	1
Diarrhœa	7	19	...	6	8
Diphtheria	12	11	5	3	2
Dysentery	1	11	3	1	23
Erysipelas	1	2	...	...	1
Fever, Intermittent	1	1	...	...	...
Fever, Remittent	...	...	...	...	...
Fever, Scarlet	3	17	1	1	...
Fever, Typhoid	9	14	3	2	4
Fever, Typhus	...	7	1	...	1
Fever, Yellow	...	...	...	...	...
Hooping-cough	3	3	2	3	3
Influenza	...	...	...	...	...
Measles	...	...	...	...	1
Small Pox	1	1	4	...	...
Syphilis	...	...	...	...	...
Thrush	...	...	...	...	...
Sporadic Diseases					
Albuminuria	1	4	...	...	...
Apoplexy	6	7	...	...	1
Consumption	49	53	22	12	16
Convulsions	11	26	3	3	3
Dropsy	13	23	3	5	3
Gun-shot Wounds	5	1	...	...	...
Intemperance	1	8	...	...	2
Marasmus	13	37	...	3	2
Pleurisy	...	2	...	...	...
Pneumonia	4	23	3	8	3
Puerperal Fever	1	...	...	...	1
Scrofula	1	...	1	1	1
Violence and Acc'ts	12	11	3	2	5

* Under 5 years.

TO CORRESPONDENTS.

For the information of those who are not authors, we will state that manuscript intended for publication must be written on but one side of the sheet. If greater care was taken in the preparation of copy, much trouble would be saved to printers, and mistakes would rarely or never be made.

BACK NUMBERS.

Subscribers desiring old back numbers (excepting Nos. 304, 305, 308, 309, and 310, which are still due, and will be sent) will please remember and send money to pay for them, and for postage, as many of the numbers are growing scarce, and we have to pre-pay the postage, two cents a number.

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THE

MEDICAL AND SURGICAL REPORTER.

No. 363.] PHILADELPHIA, OCTOBER 31, 1863. [Vol. X.—No. 27.

Original Department.

Communications.

SURGICAL CASES.

By Prof. Louis Bauer, M. D.,

Of Brooklyn, N. Y.

[Continued from page 333.]

II.

Post uterine serous cyst—Puncture of same through Vagina—Suppuration excited by leaving canula—Perfect Recovery in nine weeks.

The case I am about relating presents some interesting features, both in a diagnostic and a therapeutical point of view.

Since her marriage, about nine years ago, the patient had been suffering from scanty and painful menses; copious leucorrhœa, permanent pain in both iliac regions, increased on pressure and sexual intercourse, and from habitual constipation. She had never been pregnant.

A treatment of ten months duration, including a seton in the left iliac region, and applications to the womb, had given no relief.

On examination, the abdomen was found to be distended by gas and fæces; the iliac regions tender on touch, but free from tumefaction. The vaginal exploration disclosed a very low position of the uterus; the neck being but three-fourths of an inch from the entrance of the vagina; besides the womb encroached upon the bladder to such an extent as to impede the discharge of urine, and was slightly inclined to the right. Its mobility insignificant. In passing with the exploring finger behind the uterus, two round, firm, elastic, smooth and excessively slender tumors were discovered. The larger, of the size of a tolerably large orange, seemed to be closely connected with the posterior wall of the organ with which it shared its moderate mobility, but which could not be moved separately; the smaller one was apparently located in the left broad ligament and was about the size of a horse-chestnut. The size, location, and the other peculiarities of the tumors were affirmed by rectal examination. The larger tumor encroached upon the rectum and dislocated the same toward the left side. The contours of the tumors were distinctly drawn, and by no means obscured by tumefaction of the adjacent tissues. An attempt at raising the womb into a higher position was both painful and unsuccessful. The cavity of the uterus, when explored, by the uterine sound, was found to be free, but narrow in the antero-posterior diameter; evidently compressed.

The fact that the uterus had descended so low, and was almost fixed in that low position, alone enabled me to ascertain so clearly the condition of the pelvic organs and the tumors.

But whether these new growths were made up of solid or liquid material, was not as easy to determine. Sometimes it seemed as if I could discern fluctuation; at others they were so firm as to exclude the idea of a liquid, although I was strongly inclined to believe them to be serous cysts. In order to render the diagnosis clearer in this particular, which was of vital importance in the treatment to be adopted, and to share the responsibilities to be incurred, I invoked a consultation with Drs. G. J. Bennet and John Byrne, two gentlemen of excellent professional attainments and practical experience in female diseases. The result of that consultation was, in a practical point of view, highly satisfactory. Both gave it as their opinion that the tumors, in all probability, were cysts, notwithstanding the obscured fluctuation. In immaterial points their views differed. Dr. Byrne namely held that the two cysts belonged to the ovaries, whereas Dr. Bennet sided with me. We could not assent to the diagnosis of Dr. Byrne for two reasons; the immobility and tenderness of the growths, which are scarcely ever observed in ovarian cysts. However this may be, we argued most readily in the treatment suggested by myself, namely, to institute an explorative puncture of the larger tumor, through the posterior wall of the vagina, and in case our diagnosis should be verified, to leave the canula in situ, for the purpose of exciting suppuration and thus to close the cyst. In other words, to carry out the plan of Professor Kiewietsch.

The puncture was accordingly performed by a small trochar, and ten ounces of a straw colored and transparent serum were withdrawn; whereupon the larger cyst collapsed and the smaller seemed to be reduced in size and less elastic. Within five days from the operation, suppuration had fairly set in, when the canula was removed.

During the suppurative process, which lasted about nine weeks, the patient suffered but temporarily; when called upon on such occasions I found the cystic cavity filled with gas and fetid matter; the obstructions of the wound being the cause of their retention. Once or twice I introduced a director and caused thus the escape of the contents, which took place with some noise; but concluding that the small size of the wound might give rise to repetitions of this kind I introduced the third time a blunt pointed knife, dilated the wound about half an inch, and thus gave free issue to gas and pus. Henceforward I had no more trouble the pus became gradually more consistent and laudable, its quantity gradually decreased, and at the end of the ninth week ceased to flow. Since then my colleagues have seen and examined the patient with me, and satisfied themselves that the tumor has entirely disappeared, and left in its place somewhat condensed tissue. The menstrual flow has since become more copious, regular and painless, whilst the uterus has assumed a higher and better position in the pelvic axis. There is no more pain on coitus. The small cyst cannot be reached any more by the finger, owing to the higher position of the uterine appendages.

The foregoing case presented some interesting points with reference to diagnosis. In the first place it might have been mistaken for a pelvic abscess, on account of the existing tenderness, on touch, and some other subjective symptoms. The locality would not preclude such diagnosis, although abscesses are more frequent in the connective tissue surrounding the pelvic cavity; for I have observed abscesses both in front and behind the uterus and in close proximity to that organ. But in all cases of pelvic abscess there is a widely spreading tumefaction of the adjacent structures, and it has never occurred to me that the contours of the abscess were so distinctly traceable as in the present case. Nor could it be presumed that two abscesses should form in so close approximation, without becoming confluent. Next there was the probable duration of the local trouble, extending, as it did, through a space of nine years, though we had no positive knowledge on this point, but the inference seemed to be rational that the tumors had been there for a longer time than abscesses ordinarily require for their development. Moreover, the symptoms attending the formation of an abscess in localities so well endowed with sensitive nerves, would certainly have been more turbulent and characteristic.

The absence of pulsation precluded the idea of an aneurism. For a varix it was too large in size, too definite in form, and certainly too tense and elastic. The greater similarity, especially of the larger tumor, to a fibrous growth might have led to an erroneous diagnosis, so much the more as the latter is not rarely complicated with serous cysts. It must be conceded that seat, form and the apparent firmness rendered such an opinion very plausible. Rokitansky has certainly observed cystic growths within and upon the walls of the uterus, but fibrous tumors are still more frequent in that organ. And I must admit that my diagnosis was at first in favor of the latter; but on deliberation I dismissed it from my mind for the following reasons: 1st. Unless pedunculated, the fibrous tumors are developed within the substance and however near to the external surface of the uterus, would necessarily encroach upon its cavity by a convex surface, obstructing the entrance of the uterine sound, whereas no obstacle of this kind was encountered in the present case.

2d. Fibrous-tumors are usually accompanied by prolonged and copious menstruation; the reverse is our case.

3d. Fibrous tumors are scarcely tender at all, whereas the tumors of our patient were tender to excess.

4th. The fluctuation, however obscure, was nevertheless too much extended over the surface for a mere accessory cystic formation.

Least of all, a post-uterine hæmatocele could be suspected, on account of the diffused and pultaceous condition of that disease irrespective of the protracted course that our case had evidently taken. In fine, the explorative puncture was calculated to remove all doubts that might be entertained as to the structure and contents of the growth. The result has demonstrated that our reasoning was correct.

With reference to the treatment but little need be said, for the evacuation of the cyst was left, without alternative, as the only measure that could give relief. The operation alone has been performed so frequently and has been found so harmless, that we could not hesitate in resorting to it. The puncture alone would have been a mere palliative, and therefore the attempt was justifiable at closing the cyst permanently by suppuration. The results attained by the method of Kiewietsch are indeed so encouraging that we could not hesitate to resort to its therapeutical virtues in the present case. However dangerous the proceeding may appear, a priori, our experience was to the contrary, and the temporary turbulence of the symptoms had nothing to do with the operation itself, but the imperfection of the trochar used. At times it seemed as if peritonitis was inevitable, and the pains were vehement. But the prompt evacuation gave instantaneous relief. I agree, therefore, with the suggestions of my friend Byrne, to prefer a larger trochar, with the view of securing a more ready discharge of serum and pus.

THE PATHOGENY OF STRABISMUS.

By Dr. F. C. Donders.

Of Utrecht.

Translated from Archiv für Ophthalmologie Bd. ix. 1, for the Medical and Surgical Reporter,

By A. Metz, M. D.,

Of Masillon, Ohio.

(Continued from page 284.)

II.

Strabismus Convergens.

Experience teaches that in the larger proportion of cases, *strabismus convergens* is connected with hypermetropia. In 172 eyes examined by Donders, hypermetropia was detected 133 times in the eye not deviated. In 9 cases myopia existed, 5 times in such a high degree that the form of the distended, almost motionless, eye-ball did not permit any other condition. In 13 cases there was found a refracting difference in the two eyes; 5 times inflammation was its basis—paralysis, preceded it at least 5 times; 3 times there was complication with *cataracta congenita*; twice with nystagmus. It is thus seen how predominant hypermetropia is, being present in more than 77 per cent. Donders is convinced that if all the cases of *strabismus convergens* in a certain population could be examined, it would be found that a still larger proportion exists, as it is the inflammatory cases, or those connected with some other complication, that more frequently induces the patient to apply to the oculist, and the painless cases dependent on hypermetropia are more apt to be neglected.

It is not, as a general thing, the highest grades of hypermetropia with which strabismus is connected. Often, at least in young persons, the hypermetropia is altogether latent, and is only recognised after artificial paralysis of accommodation is produced, it being involuntarily neutralized by the accommodative power. In 1862 Donders published the seresults, that is, that *strabismus convergens* as a rule is dependent on hypermetropia. Drs. Pagenstecher and Sæmisch gave as the result of their observations, that in 62 cases of *strabismus concomitans convergens*, that they found hypermetropia present only 29 times. Donders readily agrees with them, as they only determined the manifest, and not the latent hypermetropia, he himself not being able to recognise the manifest in more than one half the cases.

As *strabismus convergens* as a rule, exists with hypermetropia, we must conclude that the latter causes the deviation. At any rate, hypermetropia is the primary anomaly to be looked for originally in the peculiar conformation of the eye; strabismus is the secondary condition which only makes its appearance some years after birth. In the first period, in the beginning of the so-called periodical squinting, it can be established that hypermetropia exists. It incontestably precedes the squinting. When we further consider that the commencing squinting passes away when the hypermetropia is neutralized by a convex glass, then we unhesitatingly conclude that hypermetropia can produce strabismus. The question meets us, how is this brought about?

In order to see distinctly, the hypertropist must, comparatively, accommodate more powerfully. This is the case at any distance; even in seeing distant objects he must try to overcome his hypermetropia by the exertion of his accommodative power, and as the object is brought nearer to the eye, a still greater effort is demanded. The nearer the object, the greater demand there is on the accommodative power. Now there is a certain connection between accommodation and the convergence of the optic lines. The greater the convergence is, the more readily is the accommodative power brought into action. A certain disposition to increased convergence is never wanting when there is great exertion of the accommodative power. This disposition is present in every hypermetropist. The emmetropist can readily convince himself of the truth of this fact by placing negative glasses before his eyes, thus temporarily putting them in the condition of hypermetropia. He will clearly perceive that by each effort to see distinctly, that double images threaten to appear as the result of increased convergence, and that he soon will only have the choice between double vision and squinting. Unrecognized, this conflict, perhaps, exists for all hypermetropists

Hypermetropia is quite an extensive anomaly, and is much more frequently met with than myopia. *Strabismus convergens* as a rule, results from hypermetropia; but manifest hypermetropia frequently exists without strabismus; relatively, it is really only a small number of cases of hypermetropia in which strabismus developes itself. This fact need not appear strange. As a general rule, the desirableness of seeing an object single with both eyes succeeds. The direction of the optic lines is thus energetically determined. Our author has been convinced of this from his experiments on the action of prismatic glasses. In putting a weak prismatic glass before one of the eyes, with the refracting surface inward, the object looked at is immediately seen double; but involuntarily increased convergence takes place, which unites the double images, and if for an instant the glass be removed from the eye, the double images will for a moment re-appear, which again rapidly disappear as the convergence corrects itself This happens in a manner so spontaneous, that the action is not noticed. This antipathy to double images, or rather the instinctive clinging to bi-

nocular vision saves the majority of hypermetropists from strabismus. They prefer to sacrifice distinct vision rather than suffer each *macula lutea* to receive a different image. In this we perceive why not nearly every hypermetropist squints. Let one eye be covered with the hand, whilst it is open like the other, and in most instances the optic lines are directed rapidly inward. The same happens when an emmetropist places a negative glass before the eye.

The enquiry naturally follows: What are the circumstances in connection with hypermetropia that bring on strabismus? They are of two kinds: *a.* such as diminish the value of binocular vision; and *b.* such as diminish the convergence.

To the first belong:

1. *Congenital difference in the acuteness of vision or in the refracting condition of the two eyes.* The acuteness of vision in hypermetropists is often imperfect, either in one or both eyes. This is to be attributed partly to *astigmatismus*, and partly to an imperfect condition of the retina, as yet not understood. If the deficiency in the acuteness of vision affects only one eye, then by too great convergence the image of this eye will not be so much disturbed. This is the case when the degree of hypermetropia in the deviating eye is higher, and the image of this eye is proportionally less distinct. In both cases strabismus will ensue lightly. But the disposition to squinting is doubled, when, as is often the case, the higher degree of hypermetropia and diminished acuteness of vision are united in the same eye.

2. *Corneal specks.* It is often observed that in squinting, corneal opacities or specks exist in the deviating eye, or in both eyes. It does not seem that corneal specks alone can cause strabismus. When the image of the second eye is less perfect, even then experience teaches us that binocular vision has the preference; and it is not easy to understand that one of the eyes should be disposed to turn aside merely out of preference to receive an image on the *macula lutea* not homogeneous, but quite otherwise. But in hypermetropia, will not the existence of corneal specks and opacities have the tendency to produce strabismus? Will the less acute image in the optic axis cause less disturbance of the double image, and thus diminish the struggle against it (the double image) which here is to prevent strabismus? Our author answers affirmatively. At least he finds in hypermetropia with strabismus corneal specks more general than in hypermetropia without strabismus. Another relation between corneal opacities and strabismus consists in the fact that the inflammation, so apt to be connected with corneal opacities, extends to the muscles of the eye, and thus finally brings about squinting.

Hospital Reports.

Jefferson Medical College,
October, 1863.

Surgical Clinic of Prof. S. D. Gross.

Reported by *Mr. Maxwell.*

Traumatic Gangrene of the Hand and Arm; Amputation at the Shoulder Joint.

A. D., aged 22 years. On the night of the 10th of October, while in a state of intoxication, the patient fell out of bed, and her right arm striking a "pot de chambre" received an incised wound, four inches in length and situated about two inches above the joint, extending horizontally through the integument fasciæ and muscles down to the periosteum, and completely severing the brachial artery, from which copious hemorrhage took place before the arrival of a physician, who at once ligated the vessel. The forearm being thus in a great degree deprived of its circulation soon began to show signs of mortification, and when the patient was brought to the College October 16th, it was found absolutely necessary to amputate at the shoulder joint to save life, and even that was thought almost hopeless from the condition of the system, as she was extremely weak and just recovering from the effects of secondary syphilis. To afford her however a chance for her life, Dr. Gross performed the flap operation at the shoulder joint, the patient being under the influence of chloroform, and digital compression being made in the axilla by an assistant.

Only a few ounces of blood were lost. Eight arteries were tied. The wound was brought together by the ordinary interrupted suture and adhesive straps supported by a roller. The treatment has been by iron and quinine, in combination with milk punch, beef tea and other nutritious articles. Union did not take place by the first intention nor was it hoped for, considering the condition of the patient at the time of the operation; but at the present date, October 26th, seven of the ligatures have come away, and under judicious treatment, the general health has greatly improved and granulation is going on kindly.

When we consider the almost universal fatality which has attended operations of this kind for the purpose of arresting gangrene, and especially the weakened condition of this case, we must come to the conclusion that this is a triumph of surgery seldom met with.

Stone in the Bladder.

J. C., 12 years old, of Burlington, N. J., where he has been under treatment by an eminent practitioner of that place.

First began to experience suffering from the calculus about ten months ago, but for the latter half of that time, the distress has been so intense that he has been obliged to spend most of his time in bed, in the position most favorable to a relaxation of the parts—the knees flexed upon the thighs and these upon the pelvis. His father states that his usual position when sleeping was upon his hands and knees. Chloroform having been administered, Dr. Gross performed the lateral operation of lithotomy, and removed a large calculus, weighing nine drachms and measuring two inches in length by half an inch in diameter. After the operation no catheter was introduced, Dr. Gross preferring to allow the urine to pass through the wound considering that it would excite less inflammation than a foreign body kept constantly in position.

Since the operation, October 17, the boy has suffered no pain, no untoward symptom has occurred, the wound has entirely closed and the urine now passes freely through its natural outlet.

Editorial Department.

Periscope.

Cimicifuga (Black Cohosh) in the Treatment of Rheumatism and Chorea.

Dr. W. E. Bowman, editor of the *Canada Lancet*, speaks as follows of the use of cimicifuga in the treatment of rheumatism and chorea:

The cimicifuga racemosa is a tall, stately plant with large leaves, growing from four to eight feet in height, and bearing long spikes of small white flowers. It is a native of Canada and the United States, and may be found throughout our woods delighting in the shady places of the high as well as of the low lands. Both the flowers and the seed have been employed for medicinal purposes, but the root is considered the most efficacious. It should be given in the form of powder or tincture, as the decoction does not contain all its virtues. The tincture is made by steeping four Troy ounces of the bruised root in sixteen ounces of diluted alcohol for a week or ten days; the dose when thus prepared, is from one to two drachms. When given internally, black cohosh produces vertigo, dimness of vision, and depression of the pulse, the latter remaining for some time after its discontinuance.

Chorea.—Since the period of its introduction as a remedy for chorea, by Dr. Young, of Pennsylvania, many eminent practitioners have attested to its merits; Dr. Stille says, that, without doubt, it is one of the most valuable agents we possess for the cure of this nervous affection, especially when it appears to be independent of any definite disease.

He directs the powdered root to be taken in doses of twenty grains every two hours; the late Dr. Physick, however, gave but ten grains; whilst Dr. Jesse Young, preferring larger doses, less frequently prescribes a teaspoonful three times a day. All, however, agree, that to prove successful, it must be pushed to the development of its specific effects, particularly vertigo and dimness of sight.

Prof. Simpson, of Edinburgh, in speaking of this remedy, tells of a case of severe anomalous chorea, which had resisted all the usual modes of treatment, zinc, iron and arsenic not being omitted, but which yielded at once to the cimicifuga.

Rheumatism.—Dr. N. S. Davis, of Chicago, who has had a large experience with black cohosh, considers it remarkably efficacious in the earlier stages of acute inflammatory rheumatism, giving the powdered root in doses of from one to two drachms every two hours, until it acts powerfully upon the system; he finds it invariably to soothe the pain, allay the irritability, and cut short the disease, and has never noticed any injurious effects from its employment in these large doses. The late Dr. Hildreth, of Ohio, likewise lends his valuable testimony to the harmlessness of such doses in rheumatism. Dr. F. N. Johnson, whilst corroborating all this, remarks in addition, that he has found metastasis to the heart or other organs much less frequent with this, than with any other mode of treatment.

Both Davis and Simpson agree in considering it an antidote to the rheumatic poison, and this, too, without stimulating the system or producing diuresis, diaphoresis, or any other discharge.

In chronic rheumatism it is not so favorably spoken of, but Prof. Simpson has found it, in his own case, repeatedly to cure an attack of lumbago with wonderful rapidity.

Considering, as I do, that the rheumatic diathesis, by producing some change in the spinal cord or its membranes, is the most frequent cause of chorea, I cannot but look upon the beneficial effects of the cimicifuga on both affections, but as another proof of the correctness of the opinion; and I think that, in many cases, instead of giving spinal disease as another cause of chorea, it would come much nearer the truth to ascribe the spinal lesion, to the effect of the rheumatism, and to call the chorea a symptom of the latter; and should most decidedly style all forms of chorea rheumatic, that prove themselves so, synthetically, by being amenable to rheumatic treatment. Those arising from sympathy with other irritated or diseased organs cannot be so affected, and must necessarily constitute a distinct class, and require other modes of treatment.

The following, on the same subject, we copy from the *London Lancet*.

The tincture of cimicifuga, in doses of thirty minims three or four times in twenty-four hours, has proved a most valuable nervine and calmative in many cases of pseudo-rheumatism and obscure nervous pains. We are disposed to admit the correctness of the observations of the American physicians, who allege that it has a peculiar action on the uterus. In the irritable condition of that organ, often observed in patients for some time after menstruation has ceased, or irregular when about to cease, and marked by pain more or less periodical in the lumbar region, cimicifuga affords rapid relief. In neuralgic pains, often met with in such patients in other localities, it is equally beneficial. Females at the period of life we are speaking of frequently suffer from a distressing pain in the upper part of the head, recurring with greater severity at night. These cases are very satisfactorily met by this remedy. Pains in the mammæ, also, whether referable to uterine disturbance or to pregnancy, are relieved by the cimicifuga very speedily. In lumbago it is almost a specific, as has been noticed by Dr. Simpson. A greater advantage of the tincture of the cimicifuga is, that it is not only rather pleasant to the taste, but very agreeable to the stomach, rather improving the appetite than otherwise. Larger doses than thirty minims, however, as a drachm for instance, will in most persons produce an unpleasant tightness and dull pain across the forehead,

Peritoneal Sections.

Dr. W. E. Bowman (*Canada Lancet*) says:—

In perusing the account of another formidable operation, the removal of a large abdominal tumor with attachments to the lumbar vertebræ, uterus, &c., performed by Dr. O'Reilly, of New York, one cannot but remark that, taking advantage of the asthenic character of all diseases of the present age, step by step, are surgeons everywhere drifting as it were into the knowledge of the impunity with which the serous cavities of the human body may be assailed. And it cannot be long before some one of them, yet a little more venturesome, will prove that peritoneal section for obstructions of the bowels, gall duct, œsophagus, &c., may be performed with success; and that lives now so often sacrificed from them, may frequently by its means be preserved.

It is not long since it was our painful duty to make a couple of post-mortem examinations for intus-susception, when we were led seriously to reflect that should other occasions arise, even a forlorn hope would tempt *our* prudent hands to cut into the abdominal cavity before death.

Nor can we pass over this case or those of Prof. Byford, of Chicago, without noticing the constantly increasing evidence of the power of large doses of opium in controlling the after inflammation otherwise attendant on such operations. Two grains of solid opium at once—two grains more in half an hour, and two grains every three hours, or a grain every hour and a quarter all night long, with a quick pulse, continuing it for a week every three hours, is

indeed heroic; but experience tells us that the life of the patient can thus be saved, and so we grow wiser by each success in this, another of the important legacies of Graves.

Tannin in Conjunctivitis and Strumous Ophthalmia.

Dr. G. R. Sheraton finds a solution of tannin more successful than any other application in these troublesome eye affections. He adds from one to two drachms to each ounce of water, and directs it to be dropped into the eyes several times a day. It causes much smarting and lachrymation, but this is soon succeeded by a feeling of comfort, and freedom from irritation. In cases of phlyctenular ophthalmia, or ulcers of the cornea, he conjoins atropine or extract of belladonna with it, and likewise preparations of opium when required.—*Canada Lancet.*

Earache.

M. Duval says he has found relief in severe earache, other means failing, from a mixture of equal parts of chloroform and laudanum, a little being introduced on a piece of cotton. The first effect is a sensation of cold, then numbness, followed by scarcely perceptible pain and refreshing sleep.—*Brit. Med. Journal.*

Clay as an Application to Ulcers.

We find the following in the *Dublin Medical Press.*

Dr. Schreber, of Leipsic, recommends the use of clay as the most "energetic, the most innocent, the most simple, and the most economical of palliative applications to surfaces yielding foul and moist discharges." He moreover considers that it has a specific action in accelerating the cure. Clay softened down in water, and freed from all gritty particles, is laid, layer by layer, over the affected part to the thickness of about a line. If it become dry and fall off, fresh layers are applied to the cleansed surface. The irritating secretion is rapidly absorbed by the clay, and the contact of air prevented. The cure thus goes on rapidly. This clay ointment has a decisive action in cases of fœtid perspiration of the feet or armpits. A single layer applied in the morning will destroy all odor in the day. It remains a long time supple, and the pieces which fall off in fine powder produce no inconvenience.

Treatment of Chronic Eczema.

The *Revue de Thérapeutique* and the *Répertoire de Pharmacie* inform us that M. Peters has succeeded in promptly removing chronic eczema by a general and local medication, of which the following are the elements:—

The ensuing saline aperient is in the first place prescribed:—

℞. Sodii chloridi,	℥iij.	
Magnesii chloridi,	℥ij.	
Sodæ sulphatis,	℥v.	
Magnesiæ sulphatis,	℥viij.	
Aquæ destill.,	Oij.	M.

The dose is two tumblerfuls in the morning, fasting, and subsequently one tumbler only. Two or three loose motions are thus induced, and the medicine may be repeated once or twice according to the severity of the case.

Locally, all liniments or greasy applications should be discarded as injurious, and lotions performed thrice daily on the seat of the eruption with the following preparation, which at first should be diluted with twice its weight of water, and afterwards used gradually stronger:—

℞. Aq. laurocerasi,	f℥j.	
Aquæ,	f℥vij.	
Hydrarg. bichloridi,	gr. ij.	
Alcohol,	f℥ij.	M.

Treatment of Drowning.

The following rules just issued by the Royal Humane Society, for the treatment of cases of drowning, are said to be the result of the labors of a Committee of the Royal Medical and Chirurgical Society of London:—

Directions for restoring the apparently dead.—I. If from drowning or other suffocation, or narcotic poisoning. Send immediately for medical assistance, blankets, and dry clothing; but proceed to treat the patient instantly, securing as much fresh air as possible.

The points to be aimed at are: first, and immediately, the restoration of breathing; and secondly, after breathing is restored, the promotion of warmth and circulation.

The efforts to restore life must be persevered in until the arrival of medical assistance, or until the pulse and breathing have ceased for at least an hour.

Treatment to restore natural breathing.—Rule 1. To maintain a free entrance of air into the windpipe. Cleanse the mouth and nostrils; open the mouth; draw forward the patient's tongue, and keep it forward; an elastic band over the tongue and under the chin will answer this purpose. Remove all tight clothing from about the neck and chest.

Rule 2. To adjust the patient's position. Place the patient on his back on a flat surface, inclined a little from the feet upwards; raise and support the head and shoulders on a small, firm cushion or folded article of dress placed under the shoulder-blade.

Rule 3. To imitate the movements of breathing. Grasp the patient's arms just above the elbows, and draw the arms gently and steadily upwards until they meet above the head (this is for the purpose of drawing air into the lungs), and keep the arms in that position for two seconds. Then turn down the patient's arms, and press them gently and firmly for two seconds against the sides of the chest (this is with the object of pressing air out of the lungs. Pressure on the breast-bone will aid this).

Repeat these measures alternately, deliberately, and perseveringly, fifteen times in a minute, until a spontaneous effort to respire is perceived, immediately upon which cease to imitate the movements of breathing, and proceed to induce circulation and warmth (as below). Should a warm bath be procurable, the body may be placed in it up to the neck, continuing to imitate the movements of breathing. Raise the body in twenty seconds in a sitting position, and dash cold water against the chest and face, and pass ammonia under the nose. The patient should not be kept in the warm bath longer than five or six minutes.

Rule 4. To excite inspiration. During the employment of the above method, excite the nostrils with snuff or smelling-salts, or tickle the throat with a feather. Rub the chest and face briskly, and dash cold and hot water alternately on them.

The above directions are chiefly Dr. H. R. Silvester's method of restoring the apparently dead or drowned, and have been approved by the Royal Medical and Chirurgical Society.

Treatment after natural breathing has been restored.—Rule 5. To induce circulation and warmth. Wrap the patient in dry blankets, and commence rubbing the limbs upwards, firmly and energetically. The friction must be continued under the blankets or over the dry clothing.

Promote the warmth of the body by the application of hot flannels, bottles or bladders of hot water, heated bricks, &c., to the pit of the stomach, the arm-pits, between the thighs, and to the soles of the feet. Warm clothing may generally be obtained from bystanders.

On the restoration of life, when the power of swallowing has returned, a teaspoonful of warm

water, small quantities of wine, warm brandy and water, or coffee, should be given. The patient should be kept in bed, and a disposition to sleep encouraged. During reaction, large mustard-plasters to the chest and below the shoulders will greatly relieve the distressed breathing.

II. If from intense cold. Rub the body with snow, ice, or cold water. Restore warmth by slow degrees. In these accidents it is highly dangerous to apply heat too early.

III. If from intoxication. Lay the individual on his side on a bed, with his head raised. The patient should be induced to vomit. Stimulants should be avoided.

IV. If from apoplexy or from sun-stroke. Cold should be applied to the head, which should be kept well raised. Tight clothing should be removed from the neck and chest. Stimulants should be avoided.

Appearances which generally indicate death. There is no breathing or heart's action; the eyelids are generally half closed; the pupils dilated; the jaws clenched; the fingers semi-contracted; the tongue appearing between the teeth; and the mouth and nostrils are covered with a frothy mucus. Coldness and palor of surface increases.

What has become of the much-extolled "Ready Method?"

Effect of Digestion on the Stomach.

At the late meeting of the British Association for the advancement of Science, a resumè of whose proceedings is published in the *Dublin Medical Press*, we find the following on the effect of digestion on the stomach:—

Dr. Pavy, after relating many experiments, said that the problem as to why the stomach is not susceptible of attack during life, as it is after death, still remains open for solution, and the view that he has to offer refers the immunity observed to the circulation, within the walls of the organ, of an alkaline current of blood. It will not be disputed that the presence of acidity is one of the necessary circumstances for the accomplishment of gastric digestion. Now, alkalinity is a constant character of the blood, and, as during life the walls of the stomach are everywhere permeated by a current of this alkaline blood, we have here an opposing influence, the effect of which would be to destroy, by neutralizing its acidity, the solvent properties of the digestive fluid tending to penetrate and act upon the texture of the organ. The blood being stagnant after death, the opposing influence is lost that is offered by the circulating current. Should life happen to be cut short at a period of digestion, there is only the neutralizing power of the blood actually contained in the vessels of the stomach, to impede the progress of attack upon the organ itself; and the consequence is, that digestion of its parietes proceeds, as long as the temperature remains favorable for the process, and the solvent power of the digestive liquid is unexhausted. There is, therefore, no want of harmony between the effect that occurs after death and the explanation that refers the protection afforded during life to the neutralizing influence of the circulation. In support of this view, the author found, experimentally, that by arresting the flow of blood through the stomach during life, the organ is placed in the same condition as it is after death: having lost its protecting influence, digestion of its texture now proceeds.

Pancoast's Styptic.

C. C. Jewett, Surg. 16th Mass. Vol., reports to the Surg. Gen. of Mass. that Pancoast's Styptic was found preferable to the persulphate of iron in many of the minor cases of hæmorrhage, inasmuch as it leaves the surface of the stump in a healthy condition, and does not produce the thick incrustation so often objectionable after the application of the iron. He does not attempt to give the *rationale* of its operation, but gives the formula from the recipe of Dr. Brinton, Surg. of Vol., and Lecturer on Surgery in the Washington Military College, viz.:

℞.	Carbonate of Potash,	ʒj.
	Castile Soap,	ʒij
	Alcohol,	ʒiv. M.

The good effects of this styptic were peculiarly noticed in a case of hæmorrhage occurring fourteen days after amputation at the shoulder joint, probably from one of the acromion branches. Slight pressure on the subclavian for a short time and this styptic were perfectly successful.—*Chicago Med. Journal.*

Antidotes for Strychnia.

Professor Ranieri Bellini, after conducting a long series of experiments on poisoning by strychnia and its salts, arrives at the opinion, that the best antidotes are tannic acid and tannin, chlorine, and the tinctures of iodine and bromine. Chlorine, he maintains, attacks the strychnia even when it is diffused through the system, for he found that in rabbits poisoned with the sulphate of the alkaloid, on being made to inhale chlorine gas in quantity, such as was not sufficient in itself to kill, the convulsions were retarded, and were milder when they occurred; death also was less rapid. The author further observed, that when strychnia was exhibited with pyrogallic acid, the convulsion was retarded for the space of half an hour, by comparison with other experiments in which the alkaloid was given by itself. Professor Bellini believes that this arrest in symptoms is not dependent on the acid acting chemically on the strychnia, but only through the astringent effects produced by the acid on the mucous membrane of the stomach, whereby the absorption of the poison is rendered difficult. The same author, dwelling on the frog-test for strychnia, asserts that this test is not to be trusted, inasmuch as other poisons produce the tetanic symptoms, although in a lesser degree. He adds, in speaking of the effects of the antidotes to which reference has been made, that he trusts his results will have a bearing not only on the treatment of strychnine tetanus, but on traumatic and idiopathic tetanic disease.—*British and Foreign Medico-Chirurgical Review, and Dublin Med. Press.*

Medicinal Value of Bromide of Ammonium.

At the meeting of the British Association, for the advancement of Science, which met this year at Newcastle-on-Tyne, Dr. Gibb made a report on bromide of ammonium: whose medicinal properties he has been investigating. We copy from the *Dublin Medical Press.* The following are Dr. Gibb's conclusions:—

1. In small doses, more or less continued, bromide of ammonium acts as a tonic and absorbent, and exerts its peculiar properties upon the skin and the mucous membrane. 2. It diminishes the weight of the body, causing the absorption of fat, when continued with a regulated diet. 3. It improves the intellectual powers, increases the bodily capacity, and promotes healthy function. 4. Locally it possesses a soothing influence on the mucuous membrane, and according to the strength and mode of its application, so does it diminish the sensibility. 5. In large, frequently repeated doses, or given at intervals it influences the entire mucous tract, affects all the special senses, and produces impaired sensibility of the various mucous outlets. 6. All the poisonous effects are produced by very large doses, as from the bromide of potassium, but in smaller doses it is more certain and reliable, causes no diarrhœa, or diuresis, while its special properties are exerted sooner and with less inconvenience.

MEDICAL AND SURGICAL REPORTER.

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For any effort made by our subscribers to extend the circulation of the Reporter they will be well repaid in the improvements it will give us the means of making in the work. The Reporter is already the most widely circulated medical journal by far in the United States, but we are anxious as speedily as possible to double its circulation that we may be enabled to add correspondingly to its interest and usefulness.

We print on another page a list of the more important medical books published, from which selections may be made.

THE SANITARY COMMISSION.

On the 13th day of June, 1861, the Sanitary Commission was organized, professedly "to devise and thoroughly execute such sanitary regulations as will tend to economize the lives of the soldiers, and save the nation more men, money and time than could be effected by any improvement in the arms put into their hands." "One of its highest ambitions" was, "to bring the volunteers, with which it is chiefly concerned, up to the regulars in respect of sanitary regulations and customs." The duty of its Inspectors were to be, first, to "travel from camp to camp, pointing out defects and suggesting improvements in camp police, ventilation of tents and quarters, drainage, camp cooking, the supply and quality of water, and generally in everything that bears on the health of the command;" second, "to give officers in charge of military hospitals not only professional aid, if desired, but extra hospital clothing, food, medicines, vaccine virus, and stores not included in the Government supply list, or which the Government cannot promptly provide." To this end it was empowered by the Surgeon-General of the army "to inspect and examine all ports, camps and hospitals." Its position was to be entirely subordinate to the Army Medical Bureau, with which it was to co-operate, as it grew out of "no charges of negligence or incompetency in the War Department or Medical Bureau."

The objects of the Commission being purely sanitary, benevolent and patriotic, its members proposed to "serve without fee or reward," and lend their aid to the Medical Bureau as an auxiliary in suggesting and carrying out proper sanitary measures in the camps and hospitals of the volunteer soldiers, particularly. But no sooner had the Commission got fairly organized and in operation, than it began to show a disposition to interfere with the duties of the Medical Bureau, and to use its influence to subvert its organization, because it could not use it for the accomplishment of its own purposes of ambition and aggrandizement. Instead of being auxiliary to the Medical Department, it would only be satisfied with controlling its acts. It finally succeeded, on a false plea, in having the Medical Department reorganized, and in placing at its head a creature of its own, whose action could be moulded by it at its will. The relations of Surgeon-General Hammond to the Commission were such that without great courage and decision of character on his part, the office he held and the department of which he was the head, must of necessity be greatly humiliated by affiliation with a Commission organized as this was. Lacking these qualifications, the result was inevitable, and under Dr. Hammond's administration the Medical Department of the army has sunk almost to the level of being an auxiliary to the Commission instead of the reverse.

It is to be hoped that the present anomalous position of the Medical Bureau will speedily be changed, that Dr. Barnes or some other competent person will be appointed to the office of Surgeon-General, and the Sanitary Commission be compelled to occupy its legitimate position, or have the sanction of the Government to its organization as an appendage to the Medical Department of the army withdrawn.

The Commission boasts of having expended *seven million* dollars in money. If the money had been all expended for the purposes set forth in the original plan of organization of the Commission, it would perhaps have been well though its work is to a great extent at best a work of supererogation. The Medical Department of the army is of itself a true Sanitary commission, held strictly responsible to the Government for the manner in which its duties are performed. Government provides liberally for the sick and wounded soldier, and its medical officers can easily be made the medium of conveying to them any additional comforts or luxuries that may be voluntarily contributed.

We do not deny that much good may have been accomplished by the Sanitary Commission, but it has been at a very heavy, and we believe unnecessary expense. The Commission has scores of salaried officers and servants doing the very work which the Government employs agents to do. Why have two sets of salaried agents doing the same work? If Surgeon-General HAMMOND allowed a voluntary association to override his department, and perform its legitimate duties, it is no argument that the association was a necessity. The necessity was for a competent person at the head of the department.

Again, the Commission pays an enormous amount for rent for store-houses, depots, offices, etc., while the Government has its medical purveyor's offices and store-houses, where all voluntary contributions for the benefit of the sick and wounded soldiers can be received and sent through the regular channels where they are needed. Much of the expenditure of money on the part of the Commission is in direct contravention of the original purpose of its organization, which was entirely with reference to the sanitary condition of the soldier in camp or hospital. Its legitimate functions are preventive of sickness rather than curative. Why then are its means expended on clothing, liquors, articles of diet, even of the most ordinary kind, transportation, and in various other ways? This large expenditure gives the Commission great importance, and allows its officers to handle almost fabulous sums of money, but we hold that the legitimate duties which the Commission was organized to perform will not require such large amounts of money nor such constant appeals to the public for contributions. We notice with regret that one of the latest dodges of the Commission to obtain money is to lend the influence of its organization to theatrical exhibitions.

If there is not something done soon to check the ambition of this great corporation, and confine it to its legitimate sphere of duty, there will be no telling where its assumptions will lead it. It is already usurping some of the legitimate functions of the Government, and is wielding no insignificant amount of political power. The financial burdens of the community are sufficiently heavy without its being called upon to perpetuate the official position and political influence of a set of ambitious men who are engaged in great part in doing a work of supererogation. We trust that a re-organization of the Medical Department of the army and placing a competent person in the position of Surgeon-General, will soon be effected, and that one of its first acts will be to put the Sanitary Commission on its proper footing and keep it there.

Notes and Comments.

The Invalid Corps—Convalescents.

The Board of Hospitals have reported the general results of their examination of soldiers for the Invalid Corps. They found a large proportion of the ward masters, cooks, nurses and clerks unfit for field service, and very many not even proper subjects for the First Battalion. The guards were generally the most able-bodied men about the hospitals. They find that soldiers "reported for duty" are not sent from the hospitals direct to their regiments, as required by the War Department orders. In very many instances months elapse between the soldiers' leaving the hospitals and joining their regiments.—Some men have passed the greater portion of their enlistment in travelling from hospitals to convalescent camps, and from convalescent camps to hospitals.

The Board say they have taken pains to instruct the medical officers as to the manner of completing companies of the second battalion of the Invalid Corps, so as in time to form a satisfactory Hospital Corps, by adding men qualified for hospital service, and discharging those found physically unable to perform any duty. They are constrained to report that they did not find one medical officer fully acquainted with the general order governing the organization of the Invalid Corps, nor did they find in any hospital a complete invalid roll.

Exchange of Surgeons.

Dr. W. P. Rucker, on whose case the exchange of Surgeons hangs fire as between the Government and the rebels, has taken his case into his own hands, it seems, and escaped (or, possibly, has been allowed to escape) from the jail in which he was confined, awaiting trial.

If he should succeed in making good his escape, and re-entering our lines, we trust that it will result in the release of Dr. Green, who has been held as a hostage for him, and the starting again the wheels of exchange which have for so long been at a stand still.

History of Medicine.

One of the most interesting original articles in the medical journals that has come under our notice, of late, is a series of papers on the History of Medicine, now in course of publication in the Pacific *Medical and Surgical Journal*, written by its editor, Dr. V. J. Fourgeaud. The doctor is collating from various sources a very interesting and readable history of our noble science, which we trust will some day be issued in book form.

Correspondence.

FOREIGN.

LETTER FROM Dr. W. N. COTE.

Paris, *September* 30th, 1863.

Faradization in Extensive Burns.

The long sufferings, ending too often in death, which result from injuries caused by fire, invest every suggestion tending to remove them, with peculiar interest. I therefore borrow the following from *Les Mondes*, a scientific review, which advocates the application of electricity by means of a volta-Faradaic apparatus. *Faradization*, as you are aware, is an operation first proposed by Professor Faraday, in which electricity is applied to the human body in intermittent currents—for instance, in the painter's colic, in which case the pain caused by the apparatus overpowers that caused by the disease, and ultimately removes it. The *modus operandi* proposed for burns is as follows: The part of the body which has suffered from the effect of fire is immersed in a basin, or if necessary, a bath of water; the negative pole of the apparatus is put into communication with the water by means of the usual conductor, while a wire from the positive pole communicates with some point of the body out of the water and not far distant from the part affected. The electrical current is then carried over the latter, its force being regulated according to the patient's strength. To ascertain whether sufficient electricity has been administered, the patient exposes the burn for an instant to the air, and if he does not feel the intense pain any more, the operation may be suspended—in the contrary case it must be resumed until that effect is produced. So long as the part affected remains immersed in water, under the influence of electricity, the patient feels no pain. In mild cases, an hour's exposure to electricity is sufficient for a complete cure; in more serious cases it must be continued for three or four hours, but the cure is stated to be both prompt and certain. When the whole person has been injured by the flames, the patient must be put into a bath with the negative pole in the direction of the feet, and the positive one placed in contact with the nape of the neck. Part of the water must be changed every quarter of an hour, to prevent the bath from getting warm. The discoverer of this method of cure is Dr. Rabold.

Fresh air in Typhoid Fever.

In a pamphlet entitled *Application du grand air dans le Traitement de la Fievre Typhoide*, Dr. Hampton, of Paris, publishes several remarkable cures chiefly attributable to the free admission of air to the patient's bed-room. He considers typhus fever to be a kind of paralysis or asphyxia of all the vital functions, occasioned by the respiration of a lethiferous atmosphere, emanating either from a typhoid patient or from any other morbid source, and he practically demonstrates not only the great advantage to be derived from the effects of open air in the treatment of typhus fever, but he pronounces the absolute immunity from contagion or infection in the open air. The patient cannot be exposed to any danger under any circumstances of complication by other diseases, or from the temperature of the atmosphere; for if the patient is kept warm in bed by *artificial* means, the free breathing of pure fresh air will at all times keep up the *natural* animal heat. In typhus fever, complications of all kinds, of the lungs or any other organ, only render the free access of pure fresh air more urgent and more necessary. The beneficial effect of fresh air also enables the practitioner to administer stimulants which the patient might otherwise be unable to bear.

Treatment of Carbuncle.

An appeal was lately addressed to the public by a French parish, in order to obtain funds for the publication of a pamphlet in which an infallible remedy for carbuncle was to be revealed. This plan seems now to have been abandoned for the simpler one of publishing the remedy in one of the medical journals, for I find in the *Union Médicale* an article by Dr. Topinard, in which he describes the *Dardette* secret as follows:—"Prepare a round piece of linen of a sufficient size to cover the whole diseased part, and spread thereon a slight film of storax ointment, and then a layer of corrosive sub-

limate or bichloride of mercury of the thickness of a two franc piece. The plaster thus prepared is laid with the greatest care upon the part affected, and kept in its place with strips of sticking plaster. After twenty-four hours this plaster may be removed, and it will then be infallibly found that the carbuncle or pustule has been destroyed. The place must now be dressed three times a day with storax ointment spread upon linen, and at every dressing the part must be fomented with a mixture of the oils of linseed, lily, camomile and hypericum. In the course of eight or ten days the eschar falls off, and the sore is treated like a common one." This remedy, discovered by a blacksmith of the name of DARDETTE, has never been known to fail. Dr. MISSA, from whom the prescription has been obtained, has used it these ten years with invariable success, and Dr. TOPINARD considers with reason that sublimate exercises a specific action in such cases.

A New Styptic.

The *Antwerp Journal* states that perchloride of iron combined with collodion is a good hæmostatic in the case of wounds, the bites of leeches, etc. To prepare it, one part of crystallized perchloride of iron is mixed with six parts of collodion. The perchloride of iron should be added gradually and with care, otherwise such a quantity of heat will be generated as to cause the collodion to boil. The composition, when well made, is of a yellowish red, perfectly limpid, and produces on the skin a yellow pellicle, which retains great elasticity.

Poisoning by Narcotics.

Pouring cold water on the face and head appears to be a good remedy in cases of poisoning by narcotics. A young woman a few days ago accidentally swallowed six drachms of a mixture of laudanum and chloroform with some hydrocyanic acid in it. She immediately vomited a portion of the liquid, and then fell down in a state of coma. Professor HARLEY being called in, administered hot coffee and nitric ether, and proceeded to effect artificial respiration. No great improvement was perceptible, but on the application of cold water to the forehead, the effect was magical. The patient began to breathe more freely, and she lost some blood from the nose. As soon as the effusion of cold water ceased the coma returned, and was again removed by renewing the effusion. The patient soon moved her arms and legs, and seemed anxious to avoid the stream of water, as if it caused her pain. This treatment was renewed by intervals until the following day, and after the lapse of sixty hours all distressing symptoms disappeared completely.

Poisoning by Phosphorus.

A large Ara (a bird of the parrot tribe,) at the *Jardin d'Acclimatation*, has been the unconscious cause of a useful discovery. Having one day thought proper to pick off the inflammable matter from a quantity of lucifer matches, it was soon seized with violent convulsions. Its master, guessing the cause, forced a spoonful of a mixture of water and arnica down its throat As this remedy seemed to produce a good effect, it was repeated for several days, and so conscious was the bird of its beneficent effects that it at length used to come and ask for it of its own accord. At the end of a week it was cured.

Ill-effects of Sulphuret of Carbon.

Dr. DELPECH, a professor of the Paris School of Medicine, has recently published some important observations on the evil effects of the sulphuret of carbon and other noxious substances employed in certain trades. Sulphuret of carbon is a transparent, exceedingly fluid and highly volatile liquid, possessing a characteristic and disagreeable smell. It is one of the most dangerous substances known in chemistry, but unfortunately also one of the most useful. Its chief property is that of dissolving india rubber with the greatest facility, whence it follows that it is extensively used in the factories where that substance is blown into bladders for various purposes. The vulcanization of india rubber, that is, the operation by which it acquires the valuable property of increased elasticity and insensibility to a degree of heat which it otherwise could not bear, is chiefly effected by sulphuret of carbon, aided by chloride of sulphur, although it might be equally obtained in certain cases by sulphur alone. But the men engaged in this work are exposed to the effluvia of the sulphuret, which in a short time causes headache, vertigo, and an over-excitement of the nervous system. The patient talks with great volubility, sings incoherently, or laughs immoderately, or else hides himself and weeps. This state may even lead to insanity, and at all events will cause obtuseness and imbecility. To obviate these serious effects, Dr. DELPECH recommends a glass screen to be placed between the workman and his table, leaving two holes for the hands and arms; these also are to be protected by ample sleeves of waterproof stuff. Another hole is to be left for the nozzle of the bellows, which they use for blowing the india rubber into balls. These precautions, Dr. DELPECH thinks, ought to be enforced by the authorities. The remedy to be employed for the cure of the patient affected by the sulphuret is phosphorus taken internally. Enamellers, and those who use arsenic for artificial flowers, may be protected in a similar manner. For my part, as far as arsenic is concerned, I do not see why it should be used at all, since it is not only hurtful to those who make the flowers, but also to those who wear them.

DOMESTIC.

Pernicious Fever.

Two cases of a singular character of pernicious fever occurred in the 101st Regt. Pennsylvania Vols., on the 25th September; simultaneously with symptoms very strange, individually and in identity. I send you this short report of these cases with liberty to submit it to your readers. It is unnecessary to describe these cases separately, for there was not one symptom present in one that was not also present in the other.

James H. C., private in Co. C, and Spencer K., private in Co. I, on the morning of Sept. 25th, were found in a state of total insensibility. Nothing peculiar or strange in their manner was noticed by their comrades on the day or evening previous. Their comrades who occupied the same tent noticed nothing unnatural until they attempted to waken them in the morning, when it was found that they paid no attention when spoken to however loud, or moved a limb or muscle when shaken, however briskly. I was sent for, and went to the quarters of the first named, and found him in a state of general insensibility. The power of voluntary motion was wholly lost; he did not move a limb or muscle at will; his eyes were open and perfectly natural, so very natural indeed, that it was difficult to believe that the senses of hearing, voluntary motion, and sensibility could be suspended. The pupil was not dilated, and it was sensible to light, dilating and contracting according to the degree of impinging light. The eye followed an object a considerable distance, and closed quickly when a motion was made to strike at it. The temperature of the body was natural, or perhaps a little higher. Skin moist and perspiring. The pulse was about eighty in the minute, regular, strong, and moderately full. The countenance was placid, features not indicative of alarm. He was seen by several medical officers who had different opinions as to whether there was real or feigned loss of hearing, motion, and sensibility.

Here our attention was called to the second case which corresponded in every particular symptom with the former; and what was believed probably feigned was now believed to be real in both.

They were removed into the Regimental Hospital, and efforts were made to induce reaction, or rather restitution—for there was no depression, rigor or congestion—by means of stimulation with carb. ammonia and quinine, and blisters were applied to the cervical and dorsal portions of the spine. For thirty-six hours from the attack there was not the slightest momentary percepti le change in either, not a limb or voluntary muscle was moved in this time by either voluntary, spasmodic, or convulsive efforts, except those of the eye which could be opened and closed at will. Beef extract was given, and the pulse became more feeble in this continued state of insensibility. The urine was voided involuntarily. The abdominal viscera being dormant, two drop doses of ol. tiglii. were ordered to be given at an interval of thirty minutes. Copious operations were procured, and an amelioration of the symptoms followed in a few hours, in both patients; they now made low muttering efforts to speak when their names were loudly called. Convalescence was established in K., and forty-eight grains of quinine were given him in twenty-four hours; recovery followed. C. died fifty-two hours after the attack.

A post-mortem revealed nothing but negative evidences of organic derangement of the brain, there were found to be effusions neither within the arachnoid nor the ventricles, and the medullary matter of the cerebrum and cerebellum was perfectly normal, neither injected nor softened. In these cases the miasmatic poison had the singular effect of suspending all the animal functions, excepting those of sight, and a small degree of intellect. Death ensued from encroachment on the medulla oblongata, gradually suspending respiration. The heart continued to act, and the body was warm at the extremities to the close.

Plymouth, N. C., is surrounded by cypress swamps, ninety per cent. of the officers and men, at this post, have been affected by miasmatic fevers in the present season. Other cases of a pernicious character have been seen, differing greatly from those under consideration. The animal functions were generally affected in other fatal cases, in which there were icy coldness, great prostration, and collapse, these were commonly called congestive fevers.

D. G. Rush,
Surgeon 101st Penna. Vols., and Surgeon-in-Chief sub-district of the Albermarle.

Plymouth, N. C., Oct. 1863.

Army and Navy News.

Assistant-Surgeon C. M. Worthington, 14th Pennsylvania Cavalry, has arrived in Washington, D. C., from the Libby Prison, Richmond, Va. He reports the arrival in Richmond of forty-seven Surgeons from General Rosecrans Army.

Surgeon H. S. Hewit, U. S. V., has arrived in Washington, D. C., from General Grant's headquarters, on leave of absence.

Assistant-Surgeon Charles S. Degraw, U. S. A., has been assigned to duty in the Campbell Hospital, near Washington, D. C.

Surgeon R. B. Bontecou, U. S. V., has assumed charge of the Harewood Hospital, Washington, D. C.

Surgeon W. H. Church, Medical Director of the Department of the Ohio, John T. Hodgen, Surgeon-General of Missouri, and D. W. Hartshorn, in charge of the Gayoso Hospital, Memphis, Tenn., have tendered their resignations as Surgeons of Vols.

Surgeon R. B. McCay, U. S. V., has been assigned to duty in the office of the Medical Inspector General at Washington, D. C.

The following assignments to duty of Medical Officers have been made:—

Surgeon George E. Cooper, U. S. A., to proceed without delay to Louisville, Ky., and report in person to Assistant-Surgeon-General Wood, U. S. A., at that place, for duty.

Surgeon C. F. H. Campbell, U. S. V., Assistant-Surgeon E. P. Morong, U. S. V., Assistant-Surgeon N. S. Barnes, U. S. V., to report in person, without

delay, to Surgeon Charles Sutherland, U. S. A., Medical Director Department of Virginia and North Carolina, at Fort Monroe, Va.

Assistant-Surgeon J. W. Leete, U. S. V., to report in person, without delay, for duty, to Surgeon J. Simpson, U. S. A., Medical Director, Baltimore, Md.

Assistant-Surgeon G. A. Mursick, U. S. V., to report in person, without delay, to Surgeon R. O. Abbott, U. S. Army, Medical Director at Washington, D. C., for duty in the Stanton Hospital.

Assistant-Surgeon R. Fletcher, U. S. Vols., Assistant-Surgeon N. F. Marsh, U. S. Vols., Assistant-Surgeon H. Eversman, U. S. Vols., to report in person, without delay, for duty to Surgeon W. S. King, U. S. A., Medical Director, Department of the Ohio, Cincinnati, and by letter to Assistant-Surgeon-General Wood at Louisville, Ky.

Assistant-Surgeon J. M. Study, U. S. Volunteers, to report in person, for duty, to Surgeon John Moore, Medical Director, Department of the Tennessee at Vicksburg, Mississippi, and by letter to Assistant-Surgeon-General Wood at Louisville, Kentucky.

Surgeon John C. Dalton, U. S. V., has been relieved from duty in the Department of the South, and has reported to the Medical Director, Department of the East at New York city.

Surgeon John T. Hodgen, U. S. Vols., has returned to St. Louis, Mo., from a tour of inspection of the troops composing the Army of Arkansas. He tenders his resignation with a view to permit himself to perform more fully his duties as Surgeon-General of Missouri.

Surgeon John M. Robinson, U. S. Vols., has returned to Clarksburg, Va., from leave of absence, and is awaiting orders, the General Hospital at that place, and of which he was in charge, having been discontinued.

Surgeon James C. Whitehill, U. S. Vols., is Medical Director of the Army of Arkansas, headquarters Little Rock.

Surgeon J. W. Lawton, U. S. V., has been relieved from charge of the General Hospital, Gallipolis, Ohio, and is en-route to the Department of the Cumberland.

Surgeon B. Beust U. S. V., has returned to the Department of the South, from leave of absence and is now sick at Beaufort, S. C.

Surgeon S. S. Mulford, U. S. V., has been assigned to duty at Fort Pulaski, Georgia.

Assistant-Surgeon W. Banks, U. S. V., is on sick leave at Covington, Ky.

The General Hospital at Morehead City, N. C., is near completion. It is named the Mansfield Hospital, in honor of the memory of the late General Mansfield, U. S. Army, who was killed at the battle of Antietam. It was regularly opened for the reception of the sick on the 31st of August last; the wards when finished will accommodate from 300 to 350 patients, with kitchen and laundry appliances sufficient to increase the capacity to 600, at any time the interests of the service may require it. It is in charge of Surgeon J. B. Bellangee, U. S. V.

Assistant-Surgeon J. A. White, U. S. Vols., has arrived at New Orleans, La., and been assigned to duty in the University Hospital in that city.

Surgeon F. Salter, U. S. Vols., has been transferred from Cumberland Hospital, Nashville, Tenn., to General Hospital, Chattanooga, Tenn.

The General Hospital at Fort Schuyler, N. Y., will not be dismantled until further orders, but will be held in readiness for convalescents until the cold weather prevents its further use.

Sick and wounded soldiers now absent from Memphis, Tenn., on furlough in Iowa and the northwest, permanently disabled or entitled to examination for the Invalid Corps, will be retained in general hospitals nearest their homes, for examination for assignment or discharge.

Naval Orders.

Surgeon Wm. Lowber, ordered to the storeship Vermont, vice Charles Eversfield, detached, and ordered North.

Assistant-Surgeon B. F Pierce, detached from the Naval Academy and ordered to the Mississippi Squadron.

Assistant-Surgeon W. L. Wheeler, ordered to the Naval Academy.

Appointed.

David Mack, jr., James N. Hyde, and James M. Flint have been appointed Assistant-Surgeons in the Navy.

Dr. J. A. Cross, U. S. A., has been appointed to the charge of the Army Hospital in Newark, N. J., vice Dr. J. H. Janeway, U. S. A., transferred to the Department of the South.

Court-Martial Cases.

The following cases in which Medical Officers have been concerned, have been tried by court martial recently:—

Assistant-Surgeon Wm. Robinson, 8th Kentucky Infantry, tried for conduct unbecoming an officer and a gentleman, acting in a disgraceful and disorderly manner while in a state of drunkenness, found guilty of the charge and specifications and sentenced to be dismissed the service of the United States. (General Orders, No. 180. Headquarters Department of the Cumberland. August 4, 1863.)

Surgeon Alfred Wynkoop, U. S. Vols., tried for conduct to the prejudice of good order and military discipline, found guilty and sentenced to be dismissed the service of the United States. Sentence remitted by the President on recommendation of the General commanding the Army of the Potomac, to severe reprimand and to be published in General Orders, it appearing that the act was one of indiscretion, rather than intentional criminality, and that no evil had resulted from it. (General Orders, 281, Adjutant-General's Office. August 11, 1863.)

Assistant-Surgeon Edmund G. Pugsley, 1st Minnesota Volunteers, tried for conduct to the prejudice of good order and military discipline, and conduct unbecoming an officer and a gentleman, found guilty and sentenced to be cashiered. (General Order No. 76. Army of the Potomac. August 15, 1863.)

Assistant-Surgeon George Dougherty, 59th regt. New York Vols., tried for drunkenness, found guilty and sentenced to be dismissed the service of the United States. (General Order No. 77, Army of the Potomac. August 19. 1863.)

Assistant-Surgeon James M. Morrison, 48th Pennsylvania Vols., tried for conduct unbecoming an officer and a gentleman, enticing a non-commissioned officer to leave camp with him without a proper pass, found guilty and sentenced to be dismissed the service of the United States. (General Order 138. Department of the Ohio. August 19, 1863.

News and Miscellany.

Appointment of Mr. Spencer Wells.

The *Medical Times*, in remarking on the late appointment of Mr. Spencer Wells as Surgeon to Her Majesty's Household, states that he was editor of that journal from 1854 to 1861, and says: "we believe that the profession will regard this appointment as we do, as a proof that a man who works hard—in hospital, sick-room, or library—even although he may not be connected with one of the great London Hospitals, or be a relation or pupil of any of our *Dii Majores*—will, sooner or later, reap his reward."

A "Sure Cure."

Dr. E. Booth, of Crestline, Ohio, has purchased,

"for the benefit of mankind," and publishes in the *Buffalo Medical and Surgical Journal*, the following "reseat":—

"Medicine for to distract the Reumatism, Pains and toothake, Backake and boils, strains for man & horses & many more sores: Take one quart of good Old Rye Whiskey & add in the bottle One oz of campfire, six pots of Red pepper, six cents worth of gloves, 5 cents worth of cinnamund, 3 cents worth of shaven sope, One table spoonful of salt. Add them all in the bottle together & set the bottle in the sun 9 days before useing & where the pain is grease it well Evening and Morning. Don't giv up soon. Shak the bottle 2 or 3 times a day.

50 cents for a reseat. It is a sure cure."

ANSWERS TO CORRESPONDENTS.

☞ *Correspondents will please notice our reiterated request to give their full address in their communications to us. Our correspondence is very extensive, and it is necessary for us always to know the Town, County and* State *from whence their letters are sent.*

Dr. H. M. S., New Jersey —When vaccination is performed with fresh lymph, it should be taken from the vaccine pustule on the point of a lancet, about the eighth day after the virus was inserted, and transferred to the patient to be vaccinated. A vaccine sore if regular in its course should be at its acme from the eighth to the tenth day after the virus is inserted.

The best time to vaccinate is when the weather is moderate.

OBITUARY.

Henry Martyn Gray, M. D.—Dr. H. M. Gray, died in San Francisco, Cal., on the 24th of August, aged 42 years. For the following brief sketch of him we are indebted to the *Pacific Medical and Surgical Journal*.

"Dr. Gray was a native of the City of New York, and graduated at Geneva Medical College. In 1849 he emigrated to California, and established himself in the practice of his profession in the City of San Francisco, where he soon won for himself a prominent position among his fellow physicians, while by the genial qualities of his disposition, his high mental endowments, the kindness of his heart, and his numerous acts of benevolence, he surrounded himself with a large circle of warm and devoted friends among all classes of society.

The physicians of San Francisco held a meeting at which resolutions were passed highly complimentary to the character and standing of their late associate."

Dr. John C. Elmer.—Dr. John C. Elmer, of Springfield, N. J., died on Sunday, 18th inst., of typhus fever, aged 46 years. Deceased has been a resident of Springfield for many years, where he had the esteem of all who knew him.

The Essex County Medical Society, of which he was a member, held a meeting on the evening of the 27th, in relation to the subject of his death. The President, Dr. W. M. Brown, occupied the Chair; Drs. John F. Ward, L. A. Smith, and J. Henry Clark, were appointed a committee to draft resolutions, and reported the following, which were adopted:

Resolved, That we have learned with sincere regret of the decease of our brother, John C. Elmer

Resolved, That we cherish a fond recollection of the amiable manners and kindly disposition of our late brother, and that this dispensation reminds us of our own mortality.

Resolved, That we desire to convey to his afflicted family our sense of bereavement, and our heartfelt sympathy for them in this hour of their great calamity.

Resolved, That we will attend his funeral, and wear the usual badge of mourning for thirty days.

Resolved, That the Secretary be requested to communicate to the family a copy of the foregoing resolutions, and to procure their publication in the daily journals.

B. L. Dodd, Sec'y.

MARRIED.

Aims—Thornton.—On the 21st inst., at Grace Church, by Rev. J. S. B. Hodges, J. Martin Aims, M. D., of New York, and Miss Maggie E. Thornton, of Georgia.

Newbold—Irvine.—At Irvine, October 15th, by the Rev. J. F. Spaulding, Dr. Thomas Newbold, of Philadelphia, and Sarah D., youngest Daughter of Dr. W. A. Irvine.

DIED.

Lee.—Dr. Benjamin Lee, an old and respected citizen of Prince George's County, Md., died last week.

Murphey.—In this city, on Sunday, the 25th inst., in the 16th year of her age, Kate P., daughter of Dr. S. Murphey.

METEOROLOGY.

October	19,	20,	21,	22,	23,	24,	25.
Wind	W.	S. W.	W.	N. W.	N.	N. W.	N. E.
Weather	Clear.	Clear.	Clear.	Clear.	Clear.	Cl'dy Rain.	Cl'dy.
Depth Rain						5-10	
Thermometer							
Minimum	56°	43°	50°	40°	41°	46°	39°
At 8 A. M.	67	52	58	53	50	51	42
At 12 M	62	62	57	57	62	52	46
At 3 P. M	67	62	68	59	61	47	48
Mean	63	54.7	58 2	52.2	53.5	49	43.7
Barometer.							
At 12 M.	30	30.1	30.1	30.4	30.2	30.2	30.3

Germantown, Pa. B. J. Leedom.

VITAL STATISTICS.

	Philadelphia. Week ending October 24.	New York. Week ending October 26.	Baltimore. Week ending October 26.	Boston. Week ending October 21.	Providence. Month of September.
Popl'n, (estimated.)	580,000	920.000	240,000	180,000	52,000
Mortality.					
Male	143	238	48	46	65
Female	113	200	49	38	62
Adults	131	230	53	40	56
Under 15 years	116	203	44	44	87
Under 2 years	91	133	20	42*	48
Total	256	438	97	81	127
Deaths in 100,000	44.13	46 10	40.41	46.66	244.23
American	187	260	...	58	105
Foreign	52	158	...	26	22
Negro	11	12	15	1	2
Zymotic Diseases.					
Cholera, Asiatic	...	...	...	...	...
Cholera Infantum	1	5	...	6	15
Cholera Morbus	1	...	...	...	.
Croup	11	18	4	5	1
Diarrhœa	6	19	...	2	8
Diphtheria	6	18	3	4	2
Dysentery	1	9	4	...	23
Erysipelas	2	3	...	...	1
Fever, Intermittent	...	1	...	...	...
Fever, Remittent	2	...	...	...	...
Fever, Scarlet	1	5	1	1	...
Fever, Typhoid	8	8	8	2	4
Fever, Typhus	1	15	...	...	1
Fever, Yellow	...	...	...	...	...
Hooping-cough	1	1	...	...	3
Influenza	...	...	...	...	...
Measles	...	2	...	...	1
Small Pox	1	3	3	...	...
Syphilis	1	3	...	...	...
Thrush	...	...	...	...	...
Sporadic Diseases					
Albuminuria	...	5	...	...	...
Apoplexy	3	9	...	...	1
Consumption	30	71	23	16	16
Convulsions	10	30	3	1	3
Dropsy	2	16	3	3	3
Gun-shot Wounds	6	...	...	1	..
Intemperance	3	9	...	..	2
Marasmus	14	...	...	5	2
Pleurisy	...	...	1	1	...
Pneumonia	10	24	3	2	3
Puerperal Fever	...	1	...	1	1
Scrofula	1	...	...	..	1
Violence and Acc'ts	9	18	3	3	5

* Under 5 years.

TO CORRESPONDENTS.

For the information of those who are not authors, we will state that manuscript intended for publication must be written on but one side of the sheet. If greater care was taken in the preparation of copy, much trouble would be saved to printers, and mistakes would rarely or never be made.

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THE

MEDICAL AND SURGICAL REPORTER.

No. 364.] PHILADELPHIA, NOVEMBER 7, 1863. [Vol. X.—No. 28.

Original Department.

Communications.

THE PATHOGENY OF STRABISMUS.

By Dr. F. C. Donders.

Of Utrecht.

Translated from Archiv für Ophthalmologie Bd. ix. 1, for the Medical and Surgical Reporter,

By A. Metz, M. D.,

Of Masillon, Ohio.

(Continued from page 360)

Strabismus Convergens.

In the second class, strabismus is caused by conditions that lessen convergence. Here we have to consider:

1. *Peculiar structure or innervation of the muscles, slight movement of the eyes inward.* Congenital insufficiency of the *musculi recti interni* is rather frequently met with. The contrary also takes place, and many eyes without special exertion converge 2″ and 1″5. We may infer that here form and position of the bulb exert an influence as well as structure or innervation of the muscles.

Slight motion inward increases the tendency to *strabismus convergens.* The instances frequently related to us of children learning to squint by imitation, or by mimicking squinters, can take place only in connection with hypermetropia. Donders never could convince himself that the tendency to strabismus is hereditary. But hypermetropia is hereditary in a high degree. It is seldom that we witness the hypermetropic conformation of the eyes in a parent, without finding hypermetropia in a part of the children. It does not follow that strabismus must exist where there is hypermetropia; but if one person of a family suffers with *strabismus convergens*, you can take it almost for granted that some other members of the family are hypermetropic. But it is seldom that the majority of hypermetropists in a family are afflicted with strabismus.

2. "*The relation between the optic lines and corneal axis.* We saw above that in general hypermetropists, in order to give the optic line a parallel direction, that a more than ordinary divergence of the corneal axis is demanded. Hence there is apparent *strabismus divergens* with so many hypermetropists. On the other hand we know that most eyes are brought to diverge with great difficulty. A weak prism with the refracting angle turned outward from the eye, calls forth double images, which mostly cannot be counteracted by divergence of the optic line. Even to effect single vision, many persons cannot accomplish it by diverging a few degrees. When, in order to see singly, a more than ordinary divergence of the corneal or optic axes is required, it often happens that it cannot be sufficiently effected. It naturally follows that in seeing at nearer distances, too much convergence readily takes place. That which was discussed under I, demands convergence in an absolute manner. Relatively, the connection between the optic line and the corneal axis has for the hypermetropist the same result. Now, as in seeing at greater distance, the divergence of the corneal axis remains readily insufficient, so, under the influence of hypermetropia, will the convergence be relatively too great on seeing near objects. The conditions for the development of strabismus are here given." He often noticed that after tenotomy for squinting, a visible degree of divergence of the corneal axis was necessary to permit the optic lines to assume a parallel state. The eyes often are apparently well directed, and yet it is noticed that when they are fixed on a distant point, the one or the other eye being covered with the hand, the uncovered eye must turn outward in order to fix the object. Sometimes this is the case in so high a degree that binocular vision, at a distance, demands a decided divergence. As in hypermetropia, the large angle a demands strabismus, Donders suspected that unusual size of the angle a disposes especially to *strabismus convergens.* In order to test this, the angle a was measured in ten cases of *strabismus convergens*, a table of which is given with interesting details, which want of space necessarily excludes here. As medium it was obtained $a=7°\ 63'$, varying but little from the size of a in hypermetropists not squinting as formerly obtained, $a=7°\ 3'$. In order to obtain a better basis of comparison, the angle a was determined in certain cases of hypermetropia, which in grade were about equal to hypermetropia in the squint-

ing cases, which are given with details in a table, which will have to be omitted here.

The result is that in hypermetropists not squinting, the medium is $a=6°\ 56'$, that is $1°\ 07'$ less than in those squinting. It is also further determined that the grade of hypermetropia has an influence on a. The comparison with hypermetropia of high grade in which the medium is $a=7°\ 3'$, shows this.

The result is that in equal grades of hypermetropia the high value of a tends especially to *strabismus convergens*. This is considered of the more importance from the fact that it is thus shown in general that the peculiar larger angle a of hypermetropia is not the same as regards the connection between hypermetropia and *strabismus convergens*.

In the highest grades of hypermetropia, strabismus is seldom observed, which need not seem strange. Here the accommodative force is not able, even in abnormal convergence, to produce clear images, and one is more apt to try to form correct conceptions from imperfect images, than labor by the highest accommodative efforts to improve the retinal image. We have already seen that strabismus is mostly met with in medium grades of hypermetropia. The eye can fix itself for parallel and even for divergent rays, and for a time retain accommodation, yet only by a convergence of the optic lines on a focus nearer the eye than the one from which the rays proceed. The minimum of hypermetropia which causes strabismus, is doubtless dependent on the angle a, and the breadth of accommodation; the smaller the latter, and the larger a is, the more trifling will be the degree of hypermetropia sufficient to bring about squinting. By itself, diminished energy and paresis of accommodation do not bring about strabismus any more than the decrease in breadth of accommodation from advanced years.

As regards external causes, such as habitual seeing at short distances and objects to one side, etc., they can never cause squinting in the emmetropic eye, but the hypermetropic eye already disposed to converge may thus be influenced.

"I have above remarked that squinting varies in kind and form according to its causes, and according to the kind of disease from which it results and in which it originates. This is true in every respect as to strabismus from hypermetropia. Inasmuch as it is the most usual, the typical form of *strabismus convergens*, so it naturally follows that what is in general written on strabismus is pertinent to this form. Permit me to give a short sketch of it. It will be necessary to refer to many familiar things in order to throw further light on its character, symptoms and pathogeny.

"Convergent squinting, as the result of hypermetropia, is mostly seen at the age of five years, evidently because at that time the effort to see distinctly is beginning to be developed. The breadth of accommodation is then also large enough to overcome the hypermetropia by a somewhat heightened convergence. There is, as a rule, no faith to be put in the stories so often related that squinting occurs soon after birth from fits or some other disease. Exceptionally it sometimes occurs after the seventh, sometimes even after the eighteenth year, without any perceptible cause. At first the deviation is seen only on the effort to see distinctly, sometimes on fixing the eyes on near objects; this squinting ceases with the effort to see, or when the eyes are closed. This is the so-called periodical squinting, by some described as a peculiar stage of the disease. Even in this stage, and also when the squinting is first developed at the age of from sixteen to eighteen years, no complaints are heard of double seeing. This is explained, in my estimation, by the circumstance that the deviation only takes place on the exertion to see an object distinctly. The attention is fixed on this object. On it rests the one optic line. The double image lies in the deviated eye outside the *macula lutea*, and therefore must be imperfect, so that compared with the image of the directly fixed eye, it cannot readily be seen as a double image. On the other side, there rests on the *macula lutea* the image of quite another object, which does not require any effort in its recognition. Sometimes this periodical squinting remains a long time, and may even continue in seeing near objects."

Both Stoeber and Arlt described an interesting case of this kind, the cause of which had to remain unknown to them. The case of Arlt could voluntarily squint to avoid asthenopia which would take place in binocular vision when seeing near objects. Donders saw a similar case recently in a girl of eleven years old with *hypermetropia manifesta* of the right eye 1–16 and 1–10 of the left eye. The strabismus left with the use of glasses of 1–14. Convergence is a peculiar form of motion which the will sometimes cannot accomplish, easy as is its mechanism. It is not every one that can turn the one eye out, and bring the other deep into the inner angle, that is able to strongly converge. Sometimes it cannot be done at all, This is the case with myopists with quite light divergent strabismus, who for some time have relinquished binocular vision. There is no doubt that by frequent trials this power might be regained, not, however, with advantage. The use of certain muscles, not used for a determined purpose, is tiresome, but the effort is successful when persevered in. The author can, isolately, bring into strong contractions the frontal, the occipital, and the muscles of the ears. Donders saw Professor Horner, of

Zurich, contract by itself the *musculus Horneri*, and it required two days of unsuccessful efforts before he could accomplish the same feat. Many persons cannot converge only with the determined effort to see binocularly an object quite close to the eyes; but by frequent trials they will be successful.

In most instances strabismus soon becomes constant. As a rule, the one and the same eye deviates (*strabismus simplex*). This takes place when the squinting is yet transient. When in hypermetropia it is alternating, then other causes are concerned.

Squinting is mostly concomitant, the movements are free; motions normal, yet too free inward, more limited outward in both eyes, notwithstanding that one and the same eye ever deviates, and the other is always well directed. Both the inner muscles of the eyes must be considered as shortened. At first the shortening was dynamic, and by constant strabismus it has become organic, the result of excessive action with antagonistic relaxation. There is no morbid change of structure. The shortening of both the internal muscles is dependent on the habit of holding the regarded object on the side of the deviated eye, so that the straight internal muscle of the not deviating eye is also relatively contracted. In this condition will the hypermetropia of the not deviated eye be most readily overcome. When the strabismus becomes constant, there is connected with the fixed eyes a relatively stronger contraction of the inner straight muscles, by which the squinting angle is increased, but slightly however, where the deviation is great, as in that case the contraction can have less effect: after tenotomy in these cases, by the effort of seeing, the convergence returns again to a marked degree. This increase of convergence during the effort of seeing after a correct position has been obtained by tenotomy, is important in two respects. First then as regards adults who can distinctly feel the convergence, and voluntarily produce it in order to see more distinctly. A direct demonstration that hypermetropia causes strabismus cannot be given. But here the patient is aware that he converges, and at the commencement of the disease it can be arrested by neutralizing hypermetropia by the use of convex glasses, and a relapse can be prevented after tenotomy by the use of such glasses. The practical application of convex glasses after tenotomy constitutes the second important consideration above referred to. The deviated eye suffers more and more in acuteness of vision from strabismus. At first when the hand is placed over the eye properly directed, the deviated eye is directed on the object looked at; it may remain properly directed after the hand is removed until after the eyes are moved, or after blinking it loses again its proper direction. In such cases it is true, that the acuteness of vision has suffered, but it can be improved by exercise, and after tenotomy it generally immediately gets better. After a time, however, the optic line of the deviating eye will no longer strike the object, but pass on the inside of it, and the image of the object will also be on the inner side of the retina. When this is the case, we can conclude that the acuteness of vision of the eye is seriously impaired, and that binocular vision is lost. It is a matter worthy of observation that we can render our organs of sense more acute by the proper direction of the attention to them. A nerve can soon be rendered blunt by a psychical effort not to use it. This is a general physiological law. In such a case, although there cannot be noticed any organic change of the retina, yet neither use nor tenotomy can effect any good result.

Donders was the first who sought for the basis of strabismus in hypermetropia. It is but a few years since hypermetropia has been understood, and the latent form was wholly overlooked until he (Donders) brought it to light, and explained its relation to strabismus. It is true that hints were found in former writings pointing in that direction; but the honor of its clear developement is entirely due to our author.

[To be continued.]

DEFECTIVE AND IMPAIRED VISION,

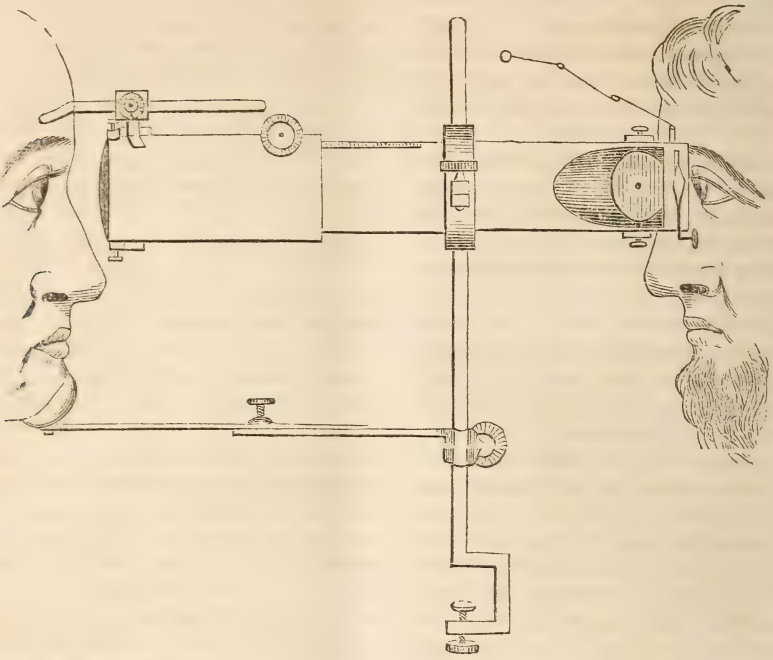
With the Clinical use of the Ophthalmoscope in their Diagnosis and Treatment.

By Laurence Turnbull, M. D.,
Ophthalmic Surgeon to Howard Hospital, &c.

(Continued from p. 346.)

Liebreich's large ophthalmoscope is seen in Fig. 4; it consists of two tubes, one sliding within the other by a rack and pinion. The tube next the observer, on the right, contains the speculum which swings vertically on trunnions revolving in clips in such a way that it can be easily removed and replaced. A portion of this tube is cut away in order to admit light to the speculum behind which there is a narrow slit for a convex ocular lens of low power. The tube on the left, next the patient, contains a convex lens of about two inches focal length, swung in the same manner as the speculum. This tube is encircled by a stout collar, which slides on the vertical rod, so that the whole can be fixed at any convenient height. The lower end of the rod has a clamp for fixing to a steady table. Above the collar bears a graduated horizontally sliding rod ending in an oval plate, against which the patient steadies his forehead in the manner represented in the figure. Additional steadiness is gained by a chain rest. A small brass ball mounted on a jointed bracket forms a con-

Fig. 4.



venient object for the patient to fix his eye upon. A couple of small blackened tin shades, not shown in the figure, cut off the direct rays of the lamp from the patient and surgeon's eyes. This instrument is very satisfactory when the focus is obtained, but it requires an experienced observer to make the arrangement, then any number of students can in turn observe the appearances. It is also useful to a teacher in making drawings. The necessity for varying the position of the eye constitutes a great objection to such complicated ophthalmoscopes, and some eyes are so unsteady and so little under the patient's control, that the observer is obliged to follow their movements by slight changes in the position of the ophthalmoscope, which can be best effected when the instrument is held in the hand. The simple instrument, when once learned, is enough for our purpose.

The appearance of the Retina.

When we examine the eye of a healthy individual we do not find the retina always presenting one uniform tint; it varies from pale red through shades of red mixed with orange, even to buff. In plethoric persons of a ruddy countenance, the retina is naturally redder in appearance than in that of a person with a pale complexion. The color of the retina depends on its own capillary network, and also to the extremely vascular choroid behind it. The diagram (Fig. 5.) is a magnified view of the fundus of the eye, and gives an idea of the optic disc and the central artery and vein; and by directing the patient to turn the eye a little toward

Fig. 5.

the median plane, the observer will be able to trace these vessels to their parent trunks. It requires a good deal of practice to distinguish between the retinal arteries and veins. The only difference in color is that the veins are brighter red color; this is owing to the coats of the veins which are so thin that it allows the blood to shine through them. Even this distinction between the veins and arteries of the retina becomes less marked in persons advanced in years. If we wish to produce pulsation in the retinal vessels, we must press on the globe of the eye by the finger while we are examining it, Two natural pulses, a venous and an arterial, are stated to have been seen by Van Trigt* and Dr. Ed. Jaeger.† A visible pulse in the retinal vessels is a sign of excessive intra-ocular

* Van Trigt, A. C., De speculo oculi, ejusque usu. Utrecht, 1853.

† Jaeger, Ed., Ueber Staar and Staaroperationen, nebst andern Beobachtungen und Erfahrungen. Wien, 1854.

pressure, and the arterial indicates a higher pressure.

Optic nerve entrance.

From the wood cut you would suppose the optic papella or nerve entrance was white, but this is not the case, as it is a grayish pink disc, its color depending on the amount of blood circulating in it. The recognition of the minute structure of the nerve requires great proficiency in the use of the ophthalmoscope and a very brilliant light. According to Dr. DIXON, no structure seen with the ophthalmoscope presents a greater variety of appearance than the optic nerve, even in patients who enjoy good sight.

Punctum Centrale Retinæ, or Yellow Spot.

This is situated in the axis of the eye, and is one-tenth of an inch external to the entrance of the optic nerve. To see it with the ophthalmoscope requires a high power. It is of a circular or oval figure, and is distinguished from the surrounding parts by the dullness of its image and by the greater richness of the choroid in pigment. It is the one twenty-fourth of an inch in size, and is surrounded by a broad yellow margin which gradually shades off into nearly colorless retina.

The Choroid.

The choroid is the dark tissue interposed between the delicate sentient retina, but when lit up by the mirror of the ophthalmoscope the color seen is chiefly due to the proportions of blood and pigment. If blood is in excess, the fundus is of a bright red color, but if pigment preponderates, the tinge is more of the orange. The distinctness with which it is seen depends also upon the degree of transparency of the retina. In young persons it looks as if overspread with a film, but in elderly persons they are plainly seen and of a brownish tinge. In persons of swarthy complexion the veins map out the choroid in small spaces which are deep brown with a violet tinge; this color is also found in the eye of the negro. In the albino the reflection produced by the vascular choroid is the most brilliant and lightest in tint.

Hospital Reports.

UNIVERSITY OF MARYLAND,
October 21*st*, 1863.

SURGICAL CLINIC OF PROF. NATHAN R. SMITH.

Reported by *Dr. J. W. P. Bates.*

Strumous Ophthalmia.

Girl aged about 8 years. This is a case of strumous ophthalmia. There is here some opacity of the cornea.

Some physicians would confine this patient to the house, and even to a dark room. This increases the photophobia and confirms the scrofulous diathesis, which we wish to counteract. She should exercise in the open air early in the morning and about sunset, for then the light will not be so bright as to produce much pain. She shall take syr. ferri, iodide gtt. xij, three times a day, and apply the following to the eye:

℞. Atropine, gr.j.
Acid sulp. dil., gtt.v.
Aquæ, f℥ij. M.

To remove the opacity we will use a weak solution of nitrate of silver, (grs. ij. to f℥j.) and immediately after its application use a watery solution of opium.

Fracture of the Fibula and dislocation of the Foot outwards.

We first reduce the dislocation and then set the fracture. The indication is to maintain the foot in a position opposite to that which it now assumes. You see it has a strong tendency to turn outward, if we apply a splint and bandage so as to turn it inward we shall place it in the most favorable position for cure. The apparatus of DUPUYTREN is very simple, and consists of materials that can be found in every house, and answers the indications, and we will apply it in this case.

In about a week we will employ splints of binder's board starched and moulded to the part, and allow the patient to exercise on crutches.

Medical Societies.

VERMONT MEDICAL SOCIETY.

Reported for the Medical and Surgical Reporter.

By L. C. Butler, M. D.,

Of Essex Vermont.

The Vermont Medical Society held its Annual Session at Montreller Oct, 14, and 15. Dr. J. M. STILES, of Windsor, President, in the Chair. In the absence of the Secretary Dr. C. P. FROST, of Woodstock, was appointed Secretary *pro tem.* After the transaction of some preliminary business, Dr. J. L. GRAVES presented credentials as Delegate from the Connecticut River Medical Socie y; Dr. ADONIRAM SMALLEY as Delegate from the New Hampshire Medical Society; Dr. MILLER, of Pittsfield, from Massachusetts Medical Society, and were severally welcomed as such by the President, and invited to take part in the deliberations of the Society. The President suggested that a more prompt reciprocation by this Society of these intercommunications would be highly beneficial to the interests of the profession.

The following gentlemen were proposed for election as new members, and, upon reference to a committee, they were reported as suitable persons for admission into the Society, viz: Dr. L. C. BUTLER, of Essex; O. F. BIGELOW, of Brandon; L. M. TUTTLE, of Springfield; S. R. DAY, of St. Albans; WALTER GUSTINE, of Strafford, and they were severally admitted.

Chronic Pleurisy.

Dr. RICHMOND, of Woodstock, who was appointed by the Society, at its semi-annual meeting, to initiate the discussion on the subject of Chronic Pleurisy, presented an elaborate written essay upon that subject, discussing its causes; pathology; rational and physical signs; differential diagnosis; post mortem appearances of cases coming under his own observation; prognosis; treatment, recommending a mild anti-phologistic course, perfect quiet and rest by firmly strapping the chest, and paracentesis in the

early stages, even for the removal of serum. He also raised the inquiry whether, as stated in Braithewaite, tubercles were the frequent cause of chronic pleurisy.

In discussing the subject of the paper Dr. Woodward remarked that, in several cases which had come under his observation in which adhesions were not found, he had noticed marked displacement of viscera, as the heart, in one instance thrust as far as it could be over upon the right side.

Dr. Bradford did not think the presence of tubercles in the lungs necessarily produced inflammation of the pleura. The tubercular deposit shows marked partiality for the apex, of the lungs; and for the right lung. Still as a sequel of that deposit we may have effusion.

Dr. Smalley had always found adhesion of pleura; had performed the operation of paracentesis, and taken away a quart of pus at one time. He mentioned the case of an old lady who had hydrothorax which was removed by absorption, and she finally recovered. Ten years after she died of ulceration of the bowels, the *post mortem* revealing several perforations of colon and rectum, together with a large cavity in the right lung, which had so far healed as to form walls around it, and had given her no trouble for years.

Dr. Stevens had not had a large experience in this disease, and, though he did not differ materially with the paper read, he was not prepared to receive the statement that so large a proportion of the cases were caused by tubercular deposit. The disease is complicated oftentimes with other affections, and hence becomes difficult to remove. Our diagnosis should be carefully made, that we may check its progress. He mentioned the use of mercurials in the treatment as being highly beneficial, when judiciously administered. He was not in favor of their indiscriminate employment. Their continued use tended to promote effusion.

Dr. Chandler related a case of pleurisy of left lung, in which the effusion crowded the heart over upon the right side. It soon began to point, he punctured it, and from this opening there was discharged from one to two pounds per week of a seropurulent matter mixed with blood. He gave very little medicine, and at one time thought he saw some promise of recovery, but the patient wasted away and died.

Dr. Miller, the delegate from the Massachusetts Medical Society, complimented the medical men of Vermont as not only men of Science, but of a large amount of common sense. He suggested that the peculiar form of disease depended somewhat upon the locality. In Massachusetts, for example, we have what is termed "quick consumption," and frequently abscesses formed which discharges their contents sometimes externally, and sometimes through the bronchia, producing suffocation. In the valley of the Mississippi, and in Mexico, effusion into the pleura, and parenchyma of the lungs, more frequently occur.

Dr. Frost, in his examinations of drafted men, had observed several cases in which there had been adhesions of the pleura, and from which recovery had taken place but the lung was rendered useless.

New Remedial Agents.

In the afternoon of the first day Dr. Fassett presented a paper on "new remedial agents," the most important feature of which was a resolution, which was unanimously adopted, for a committee of "Therapeutical Inquiry," with instructions to select a list of articles proper for trial as remedial agents, furnish blanks for inquiries, to be sent to each member of the Society, for the purpose of eliciting a careful record of observations, for the future benefit of the fraternity. Drs. Fassett, Richmond, and Woodward, were selected as such committee. The discussion upon this paper took a somewhat wide range, and was participated in largely by the members of the Society.

Pareira Brava.—The President had used the fluid extract of the *Pareira Brava* to some extent in his practice, in incontinence of urine in old men, and with excellent success. The dose he had given was from one-half to one tea-spoonful every six hours. He regarded its action as that of a sedative upon the mucous membranes. He did not introduce it as a specific, but in several cases he had found it a remedy of much value.

Dr. Cushman considered the remedy worthy of a trial if it were capable of allaying the irritation resulting from the disease, or of palliating its symptoms but a knowledge of the pathology of the disease itself is necessary to the proper application of the remedy. The prostate gland was generally the seat of the disease.

Dr. Putnam had used the remedy in irritation of the bladder for several years, and as a palliative in the irritation resulting from Bright's disease. In prostate disease he had found no benefit from it, save as a palliative.

Ferri et Strychniæ citras.—Dr. Fasset directed the attention of the Society to *Ferri et Strychniæ citras*, not as a "new remedial agent," but as one coming into extensive use at the present time. Is the iron modified by its connection with the Strychnia? Does the spinal irritation contra-indicate its use?

Dr. Thayer had used this article for several years in those cases where the nervous system was particularly affected. He had instituted experiments to determine its therapeutic action, and came to the conclusion that the Strychnia promoted the absorption of the iron into the system. A favorite method with him of prescribing it, was in combination with compound syrup sarsaparilla, compound tincture cinchoha, and Iodide Potassa. In this form he could testify to its utility in all nervous cases, even when complicated with uterine disease.

Iodide of Patassium—Diphtheria.—The President raised the enquiry in regard to the use of *Iodide of Potash* in *Diphtheria*. He had seen many cases of this disease in its gravest form, and the treatment which had proved in his hands the most successful, was the iodide of Potash two drachms to four ounces of water, of which he gave to a child ten years of age a teaspoonful every half-hour, or until the urgent symptoms abated. This remedy destroys the plasticity of the blood, and when the system becomes saturated with it the exudation sloughs. In connection with the Iodide he gave quinine in grain doses every six hours, and all the stimulus the patient would take.

Dr. Fasset had used this remedy in membranous croup, and in croupal form of Diphtheria, with satisfaction, but never had given it in such large quantities.

Dr. Woodward had seen gastric irritation produced by a much less dose.

The President had seen no such effects from its administration in the manner he indicated.

Dr. Chandler had not used the Iodide, but thought that the impurity of the blood could not be changed by it in season to be of avail. When it assumed a malignant form, as it generally did upon its first appearance in any locality, no remedy he had used had availed to arrest its progress. He had employed diaphoretics, had applied cold water to the throat, and thought them to be of some use. He had seen a case in consultation where the Iodide was used in small doses, and in which small quantities of *ice* had been allowed to dissolve in the throat. The treatment was successful.

Dr. Bradford gave the history of a case which had come under his own observation. A young man seventeen years of age, who was attacked violently; had the peculiar odor of diphtheria, and exudation extending all over fauces; gave large amount of

anodynes to allay pain; used tincture Iodine as an external application with some benefit. The same exudation invaded the bladder, then the bronchia, then alimentary canal, and then the lungs again.—Used tincture Iodine about the chest, and Iodide Potash freely as a gargle, and by the stomach.—Patient took no quinine or nourishment for five weeks without injury. Blisters were applied with decided beneficial effect, but the diphtheritic deposit appeared upon the blistered surface. The case proved fatal, but the only remedy that seemed to give him any relief was the blisters. In his opinion it is a disease of the blood, constitutional. May it not be a rational mode of treatment to divert the disease from internal organs to the surface?

Dr. KNOWLES had used blisters in the disease with good effect, and had used the Iodide with some success in half the strength mentioned, and half as often.

Dr. KEITH had observed sloughing to follow blisters, and his practice had been to stimulate and sustain the powers of life by the aid of quinine and whiskey.

Dr. WOODWARD thought the diversity of treatment arose from diversity of febrile symptoms accompanying the disease. It has three forms, *simple*, *croupal* and *malignant*. The simple form nature will cure.—The organization of the exudation constitutes the danger in the second variety, and as it generally assumes an inflammatory type, should be treated with antiphlogistics, sedatives, mercurials, etc., etc. In his opinion there was no remedy superior to calomel for defibrinating the blood, and preventing the organization of the exudation. Next to that stood the alkalies, and he combined them.

Dr. KNIGHTS had seen something of diphtheria for two years past, and he had used various remedies; chlorate of potash and tincture muriate of iron as a gargle; tincture Iodine for outward application, and no other remedy had given so much relief; ice and iced water to chest and throat with marked success in a case where the peculiar membrane had formed in nose and faucis.

Address of the President.

The discussion was arrested by the arrival of the hour appointed for the annual address from the President, Dr. J. N. STILES, of Windsor. For this purpose the Society repaired to the Hall of the House of Representatives, the use of which had been generously tendered by the Legislature in session. The hall was well filled by a large and appreciative audience, composed of medical gentlemen, members of the General Assembly, citizens and ladies.

The speaker traced the history of medical science in early times, and recounted many obstacles that it had to encounter in some of the earlier ages. He cited cases showing the superstitions that used to be cherished concerning what have since been discovered to be great natural principles. Medical science is common sense. Doctors are not born, but made. The seventh son is no more doctor than any other.

He then proceeded at length to examine many of the popular errors and superstitions of the day, and applied to them the test of common sense. Wherever there is a physical defect there is a cause.

The mission of the physician is to remove the cause of disease, and let nature do the rest. Nature will cure, but must sometimes have aid.

When we contemplate the complexity of the human system, we are struck with astonishment that a harp of so many strings can be kept in tune so long.

The Doctor then commented upon some of the medical *isms* of the day. The system of steam doctoring, the Thomsonian system, hydropathy, electicism, homœopathy. The latter is regarded by the medical profession as a tissue of absurdities.

The science of medicine, continued the speaker, is the greatest in the world. It goes everywhere, affects everybody, and draws from all nature. Its motto is, to draw truth from whatever source it can.

He alluded to the important work it is doing now, in healing the wounds made by the great rebellion. And in conclusion, he characterized the rebellion as an outrage upon law, science and common sense, and predicted its speedy overthrow.

SECOND DAY.

The Society met at 9 A. M. Dr. EMMONS gave a report of his attendance as delegate to the American Medical Association which held its meeting at Chicago, in June last.

Dr. WELCH, delegate to the Medical College at Burlington, made a report of his attendance upon the examination at that institution. He found some difficulty in ascertaining when, and where, the examination was to take place, and was treated with apparently marked neglect by the faculty of the school. He spoke in very complimentary terms of the examination, and said, after he had arrived in the room where the examination was held, he was treated civilly and politely enough; and some members of the faculty had since assured him that the neglect was accidental and not intentional.

Dr. CHANDLER had conversed with some members of the Medical College, and expressed the opinion that the faculty were disposed to cultivate friendly relations with the Society.

[To our minds the true method of cultivating friendly relations between the Society and the Medical College is to abolish the office of delegates to that institution, and undertake to exercise no censorship over its examinations, or its affairs. The Medical College is full-grown, and its professors are well qualified to decide as to the proper qualifications of those who present themselves for graduation.]—*Rep.*

A committee consisting of one member from each county represented was appointed to fix upon the place for the semi-annual meeting.

Drs. O. P. Edson, of Chester, J. B. Crandall, of Barre, B. P. Sutton, of Stowe, and Albert Barrows, of Stowe, were admitted as members of the Society.

Dr. RUBLEE presented a patient before the Society for examination, Mr. Collins, from Troy. The disease was amaurosis and cataract, and the patient was totally blind of the right eye and nearly blind with the left.

Adjourned to 2 o'clock.

AFTERNOON.—The Nominating Committee reported the following list of officers and delegates, which were elected by the Society:

OFFICERS.

President—P. D. Bradford.
Vice President—O. F. Fassett.
Recording Secretary—J. S. Richmond.
Corresponding Secretary—D. R. Storey.
Librarian and Treasurer—Charles Clark.
Executive Committee—G. B. Bullard, S. Putnam, E. F. Upham.
Committee on Admission of Members—D. W. Blanchard, H. L. Rodman.
Committee on Printing—H. F. Stevens, C. B. Chandler, A. C. Welch.
Delegates to Burlington Medical College—J. M. Stiles, E. A. Knight.
Delegates to New Hampshire Medical Sotiety—E. A. Knight, C. A. Sperry.
Delegates to New York Medical Society—H. Stevens, W. McCollum.
Deledates to Rhode Island Medical Society—G. B. Bullard, W. M. Huntington.
Delegates to Connecticut Medical Society—D. Woodward, C. B. Chandler.
Delegates to Massachusetts Medical Society—C. M. Rublee, Earl Cushman.
Delegates to Maine Medical Society—W. F. Blanchard, N. H. Knowles.
Committee to assist the Secretary of State in Compiling the Registration Report—H. F. Stevens, Charles Allen.
Delegates to the American Medical Association—R. Russ, C. P. Frost, S. W. Thayer, H. F. Stevens, L. E. Simonds, J. S. Richmond, Lewis Emmons, Charles S. Downs, J. M. Stiles, William M. Huntington, B. F. Morgan, E. A. Knight, S. C. Butler.

The Committee to fix time and place of semi-annual meeting reported, recommending the third Wednesday of June next, at Middlebury; and the report was adopted.

Dr. Levi Burton, of Topsham, was elected a member of the Society.

Dr. Frost read a report of examinations made in the Second Congressional District of Vermont, showing the measurement of the chests of conscripts examined, their height, etc.

Dr. Fassett was called upon, and made a report on the epidemics of the State, especially in Franklin county, which the Society listened to with great pleasure.

Interesting remarks were made respecting various diseases, and remedies.

Dr. Frost moved that the following persons be appointed to prepare papers on the various diseases incident to their own localities, to be read at the next annual meeting:

Dr. Fassett, Franklin; Rodman, Windsor; Upham, Orange; Bullard, Caledonia; Cushman, Essex; Blanchard, Orleans; Bradford, Washington; Morgan, Lamoille; Hyde, Grand Isle; Carpenter, Chittenden; Hopkins, Addison; E. N. S. Morgan, Bennington; Pond, Rutland.

The Secretary was directed to return the thanks of the Society to the General Assembly for their courtesy in allowing the Society the use of the Representatives' Hall, and to Railroads for the courtesy of half-fare tickets.

The following order of business for the next semi-annual meeting was reported and adopted:

First Day.

Forenoon—Reception of new members, and continuation of the discussion of epidemic fever.

Afternoon—Rheumatism and pneumonia.

Second Day.

Forenoon—Ulceration of the os and cervix uteri.

Afternoon—General reports of cases, and remarks and criticisms.

The President was instructed to appoint—and notify them of the appointment—members to prepare and present to the semi-annual meeting papers on subjects to be designated by the President.

Adjourned.

Editorial Department.

Periscope.

Children's Arms and Legs.

A distinguished physician who died some years since in Paris, declared: "I believe that during the twenty-six years that I have practiced my profession in this city, *twenty thousand children* have been carried to the cemeteries a sacrifice to the absurd custom of exposing their arms naked."

Put the bulb of a thermometer in a baby's mouth, the mercury rises to 90 degrees. Now carry the same to its little hand: if the arm be bare and the evening cool, the mercury will sink to 40 degrees. Of course all the blood that flows through those arms must fall from 20 to 40 degrees below the temperature of the heart. Need I say, when these currents of blood flow back into the chest the child's vitality must be more or less compromised? And need I add that we ought not to be surprised at its frequent recurring affection of the tongue, throat, or stomach! I have seen more than one child with habitual cough and hoarseness, choking with mucus, entirely and permanently relieved by simply keeping the hands and arms warm. Every observing and progressive physician has daily opportunities of witnessing the same cure.

The New Metal Indium.

In some investigations in regard to the source of the new metal thallium, MM. F. Reisch and Th. Richter examined some ores at the Smelting Works, at Freiburgh, Saxony. These ores consisted of pyrites, mispickel, blende; and galena, with earthy matter, silica, manganese, copper, and minute quantities of tin and cadmium. The ores were roasted to expel the greater part of the sulphur and arsenic; then mixed with hydrochloric acid, evaporated to dryness, and distilled. The impure chloride of zinc thus obtained was examined before the spectroscope for thallium. No thallium line was found: but, instead, an indigo-blue line, entirely new, and different from that produced by any known substance. Messrs. Reisch and Richter succeeded in preparing this new substance, in the forms of chloride, hydrated oxide, and of the pure metal. Upon examining this substance before the spectroscope, slightly moistened with hydrochloric acid, the blue line was found so sharp, distinct, and permanent, that they no longer hesitated in pronouncing it a new element, to which they gave the name of indium. The blue line is much more refrangible than the blue line of strontium, and there seems to be a much fainter line than this, of greater refrangibility, which approaches, yet does not quite reach the potassium line. Only a few chemical properties are at present known, that can be stated with certainty. They are as follows, viz:

1. The chloride is not precipitated by hydro-sulphuric acid.
2. Ammonia precipitates from the chloride the hydrated oxide.
3. The dry chloride absorbs water with avidity, and deliquesces.
4. The chloride fused on charcoal with soda, leads a lead-gray globule of metal, very soft and ductile.
5. The metal heated alone on charcoal gives a yellow coating, which, upon being moistened with nitrate of cobalt, gives no characteristic reaction.

Reviews and Book Notices.

Sanitary Commission. Remarks on Hemorrhage from wounds and the best means of arresting it. By Valentine Mott, M. D., LL. D., etc., New York: Anson D. F. Randolph, 1863.

Experience is the cream of life. It is the result of acute thought, sound judgment and clear intellectuality. Time alone can produce an "old" surgeon; and if he has meditated and philosophized, a rich harvest rewards the trouble. Such is Dr. Mott. "Facile princeps." The present production is a compendious account of the many causes of hemorrhage to be met with in war, and particularly the various methods of arresting the flow of blood. Four diagrams, peculiarly comprehensible to the young surgeon, explain the relative anatomy of the femoral artery, brachial artery and their respective courses. The proper localities to seek in pressure, and when to employ lint, etc., are also discussed. Besides a new improved (and the best) Tourniquet, invented by Alexander B. Mott, M. D., is engraved. This instrument is cheap, easily used, readily applied by the wounded soldier himself, and combines facilities never before employed, with durability of texture. Let us cherish the aphorisms of one who understands the rare principle of growing old gracefully, and, when he speaks, attend to the dicta of ripe knowledge.

S. W. F.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, NOVEMBER 7, 1863.

PREMIUMS FOR NEW SUBSCRIBERS.

In response to frequent suggestions we have determined to offer strong inducements to subscribers to aid in extending our circulation. There is no way in which a physician can spend money to better advantage than in the purchase of books. Subscribers will add ONE DOLLAR'S WORTH OF BOOKS *to their libraries hereafter, for every new subscriber they send us with the subscription money in advance for a year.* The books will be sent by mail, postage paid.

Those who send new names will please designate any book or books they wish, provided only they are published in this country, to the amount of one dollar for each new name sent with the subscription for a year in advance.

For any effort made by our subscribers to extend the circulation of the REPORTER they will be well repaid in the improvements it will give us the means of making in the work. The REPORTER is already the most widely circulated medical journal by far in the United States, but we are anxious as speedily as possible to double its circulation that we may be enabled to add correspondingly to its interest and usefulness.

We print on another page a list of the more important medical books published, from which selections may be made.

U. S. MILITARY HOSPITAL FOR THE MAIMED.

The Military Hospital at Sixty-fifth and Vine streets, Twenty-fourth Ward, Philadelphia, under the charge of Dr. R. J. LEVIS, Acting Surgeon U. S. A., is specially devoted to the reception of the maimed and for cases of deformities which are amenable to orthopædic treatment.

The institution is a highly interesting one, presenting in an appalling array of cases evidence of the havoc of war in mutilating the human frame, and the object of palliating their condition seems to be effectively accomplished through surgical treatment and the compensatory art of supplying artificial substitutes for lost limbs.

There are now above a hundred men in the Hospital who have lost limbs and who are to be supplied with artificial substitutes through the liberality of the government. Eighty of these soldiers have lost legs. Most of the cases on being admitted have stumps which require surgical treatment before artificial limbs can be adapted.

We had recently the opportunity of inspecting a number of the cases, and remarked the singular and irregular appearance presented by many of the stumps. Some are conical to an extreme; others have pendulous clubbed extremities, and many are furrowed and very uneven. Caries and necrosis was apparent in a number of the stumps. These unfavorable conditions are probably in some instances attributable to fault in the operation, but are perhaps more frequently owing to the difficulties attending the after treatment, the jolting in ambulances, frequent removals, and other causes which impede the union of the amputated surfaces. The scorbutic taint, exhaustion from fatigue and exposure, and occasionally hospital gangrene, have also been causes of delayed healing and defectively shaped stumps. The Surgeon-in-charge expressed to us as the result of his extended observation of stumps, his conviction of the advantage of *flap* operations as regards the formation of well shaped stumps, particularly for their fitness for the reception of artificial limbs. He also expressed the opinion that amputations with the *double flap* resulted in the best formed stumps.

The orthopædic treatment of deformities of joints in the hospital is by tenotomy and extension by means of weights or the screw. We noticed one successful case in which *brisement forcé* with tenotomy had cured an anchylosed and greatly contracted hip joint. There was also a case in which Chopart's operation had been performed on the field more than a year ago, resulting in a stump diseased, and from its shape incapable of being fitted with an artificial foot. A second amputation, just above the ankle, had lately been performed by Dr. LEVIS, and the patient was convalescing. Resections of stumps have several times been found necessary.

Drs. L. E. NORDMAN and G. B. BOYD are the resident surgeons of the hospital.

The artificial limbs are supplied by Mr. PALMER, and have given entire satisfaction to the patients. Ease and elasticity of movement of the limb is accomplished in an extraordinary degree, and in some instances there is scarcely a noticeable impediment in the walk of the patient.

Notes and Comments.

The Medical Classes.

As we anticipated, the classes in the various medical schools of the country are quite large this winter. We learn that the University of this city has over four hundred matriculants, the Jefferson Medical College nearly four hundred. The Medical Department of the University of Baltimore has about a hundred. The New York schools are also in a prosperous condition.

There is no question but ample room will be found for all intelligent, well-informed graduates. The Army, the Navy, the great West, the South, the East, the North—our great and rapidly growing cities—there is plenty of room for *good* doctors, there is no room at all for indifferent ones. We have fallen upon times that will call out the better qualities of students, and have the tendency to elevate the status of our profession.

Valuable Properties for Sale.

We would call the attention of our readers to notices in our advertising columns of valuable properties for sale. One of these locations is an excellent one for a Physician, and the other for a Druggist. The prices are low, the terms easy, and the locations good. For further particulars inquiry may be made at this office, or of Mr. Townsend, 123½ South Fourth Street.

Correspondence.

DOMESTIC.

Ice in the treatment of Diphtheria.

Editor Medical and Surgical Reporter:

I would not say that ice is a prophylactic against diphtheria, nor would I say that it is an infallible specific. But I agree with Dr. W. N. Côte, that it should be more frequently resorted to, it being of value in the treatment of diphtheria. In the first week of March last, I was called to see a young lady of sixteen years of age, Miss E. K., of this place, who had been very ill with diphtheria for some forty-eight hours. It had assumed the malignant asthenic form. The tonsils, parotid glands and throat were so much swollen that it was with great difficulty that she could swallow. There was considerable heat about the head and breast, whilst the extremities were cold. I at once ordered mustard to the feet, and cauterized the throat with a solution of caustic, freely applied iodine ointment to the throat and chest. I also gave a mixture of blue mass, chlorate of potash, tinct. of belladonna, acacia, and white sugar, continued this during the night, but to no manifest benefit.

I then proposed ice, and after some opposition on the part of the distressed and excited friends, I succeeded. I gave her over a pound of ice of rain water in the course of two hours. It acted like a charm, and although I had anticipated ptyalism on account of the mercurial given, yet it did not produce that effect. The patient convalesced so rapidly that I and all that were present were astonished. This case I mentioned to Dr. Backhouse, of Snyder Co., and to Dr. Whitman, of Halifax, Dauphin Co., before I saw Dr. W. N. Côte's remarks on ice, in the treatment of diphtheria. I have tried it since with marked advantage. My after treatment was quinine, and chlorate of potash in a syrup of acacia and white sugar.

Jacob Ritter, M. D.

Liverpool, Pa., Oct. 23, 1863.

Army and Navy News.

Ordered to Report.

Assistant Surgeon Alfred Woodhull, U. S. A., has been ordered to report in person without delay to Surgeon Charles Sutherland, U. S. A., Medical Director, Department of Virginia and North Carolina, at Fort Monroe, Va.

Assistant Surgeon C. C. Lee, U. S. A., now on duty in the Douglas Hospital, has been ordered to report in person to the Surgeon-General, U. S. A., to relieve Assistant Surgeon E. T. Whittingham, U. S. A.

Assistant Surgeon Cyrus Bacon, U. S. A., will report in person without delay to Surgeon J. Simpson, U. S. A., Medical Director, at Baltimore, for duty. As soon as his health will permit, Assistant Surgeon Cyrus Bacon will rejoin his station in the Army of the Potomac.

Surgeon E. F. Bates, U. S. V., has been relieved from duty as a member of the Army Medical Board for the examination of Assistant Surgeons of Volunteers, now in session in Washington, D. C., and Surgeon Thomas Antisell, U. S. V., has been assigned to duty as a member of said Board in his place. On being relieved, Surgeon Bates will resume his duties at the Carver Hospital, near this city.

Surgeon H. S. Hewit, U. S. V., has been ordered to proceed without delay to Nashville, Tennessee, and report to the Medical Director, Department of the Tennessee, for duty.

Discharges.

Upon the recommendation of a board of officers, instituted by Special Orders No. 294, July 3, 1863, from the Adjutant-General's Office, the following officers are hereby discharged from the service of the United States, on account of physical disability, with condition that they shall receive no final payments until they have satisfied the Pay Department that they are not indebted to the Government: Surgeon J. P. Wilson, Sixth Michigan Cavalry; Assistant Surgeon W. R. Fitch, Eighty-second New York Vols.

Assistant Surgeon B. F. Brownfield, Third Pennsylvania Heavy Artillery, having been examined by a board of medical officers, and an adverse report thereof, in his case, having been approved by the President, is hereby discharged from the service of the United States.

By direction of the President, Assistant Surgeon R. L. Braden, U. S. V., is hereby discharged from the service of the United States, on account of physical disability.

By direction of the President, Surgeon W. W. Holmes, U. S. V., is hereby honorably discharged from the service of the United States, in accordance with General Orders No. 100, August 11, 1863, from the War Department.

Upon the recommendation of a board of officers, instituted by Special Orders No. 294, July 3d, 1863, from the Adjutant-General's Office, Assistant Surgeon J. H. Hassenpflug, 109th Pennsylvania Vols., has been honorably discharged from the service of the United States, with condition that he shall receive no final payment until he has satisfied the Pay Department that he is not indebted to the Government.

Dismissed.

By direction of the President, Assistant Surgeon G. McFarland, Seventh Illinois Volunteers, has been dismissed from the service of the United States.

Assistant Surgeon Henry Rockwood, Fifteenth Regiment, Massachusetts Volunteers, tried for conduct unbecoming an officer and a gentleman, and conduct prejudicial to good order and military discipline: found guilty of the charges, and sentenced to be dismissed from the military service of the United States. (G. O. 89, Headquarters Army of the Potomac, Sept. 14, 1863.)

Leave of Absence.

Leave of absence for thirty days has been granted to Acting Assistant Surgeon M. A. Booth, U. S. A.

Leave of absence for twenty days has been granted Assistant Surgeon A. Waterhouse, 7th Maine Vols., on surgeons' certificate of disability.

Leave of absence for ten days has been granted to Assistant Surgeon C. M. Worthington, U. S. V.

Leave of absence has been granted to Surgeon D. Baguley, 1st Virginia Vols., for twenty days.

Surgeon S. D. Freeman, U. S. V., has been granted leave to visit his home on important private business.

Reported for Duty.

Assistant Surgeon Joel Morse, 7th U. S Colored Troops, has reported for duty with his regiment at the Birney Barracks, Baltimore, Md.

Surgeon Joseph R. Smith, U. S. A., has arrived at Little Rock, Ark., and has relieved Surgeon J. C. Whitehill, U. S. V., as Medical Director of the Army of Arkansas.

Surgeon J. A. Lidell, U. S. V., has returned from leave and resumed charge of the Stanton Hospital, Washington, D. C.

Captured.

Assistant Surgeon Spears, 3d U. S. Colored Troops, was captured by the rebels at Crawfish Springs, Georgia.

Boards of Examiners.

A board of officers to consist of Lieut.-Col. Coolidge Medical Inspector U. S. A., and Lieut.-Col. Oscar V. Dayton, Invalid Corps, is hereby constituted for the purpose of examining all convalescent patients and enlisted men on duty in general hospitals and convalescent camps, for the purpose of organizing the invalid corps, and of designating to the Surgeon in charge those men who are fit for duty or proper subjects of discharge in accordance with General Orders No. 308, War Department, 1863. In the performance of this duty, the Board will visit such hospitals and convalescent camps as the Provost-Marshal-General may from time to time direct, and will be governed by his orders and instructions.

A board of officers to consist of Surgeon William J. Sloan, U. S. A.; Captain R. C. Morgan, Assistant Quartermaster of Volunteers; and Assistant Surgeon J. W. S. Gouley, U. S. A., will assemble at New York City as soon as practicable, for the purpose of examining and reporting upon what portion of the public property at McDougall Hospital, at Fort Schuyler, New York, shall be transferred to the De Camp General Hospital, Davids' Island, New York. The junior member will record the proceedings.

Awaiting Orders.

Permission to remain in New York City, waiting orders, has been granted to Surgeon Lincoln R. Stone, 54th Mass. Vols.

The verbal orders given Surgeon James H. Thompson, 12th Maine Vols., by the Surgeon General, to await orders in Washington City, have been confirmed.

Resigned.

The resignations of Surgeons Wm. H. Church and J. H. Wythes, U. S. V., have been accepted by the President to take effect October 20, 1863.

Detached and Ordered to Report.

Surgeon A. T. Augusta, 7th Regiment U. S. Colored Troops, has been detached from his regiment and ordered to report in person without delay to Col. Wm. Birney, 2d U. S Colored Troops Recruiting and Mustering Officer, for duty as Examining Surgeon at the Recruiting Rendezvous for Colored Troops, at Baltimore, Md.

Assigned to Duty.

Surgeon G. F. French, U. S. V., has been assigned to duty in General Hospital No. 3. Vicksburg, Miss.

The 20th and 21st Army Corps having been consolidated into the 4th Army Corps, Surgeon A. J. Phelps, U. S. V., late Medical Director of the 21st, has been assigned to duty as Medical Director of the new Corps

Surgeon E. F. Sanger, U. S. V., has arrived in New Orleans, and been assigned to duty in the field with the 19th Army Corps.

Surgeon J. C. Dalton, U. S. V., has been assigned to duty as Attending Surgeon on sick and wounded officers of volunteers, and as Medical Director of Transportation in New York City.

Surgeon R. H. Gilbert, U. S. V., has been assigned to duty in the office of the Medical Director, at Philadelphia, Pa.

Contract Physicians.

Medical Purveyors have been ordered not to pay Contract Physicians upon termination of contract, until they present a notification from the Surgeon-General's Office of the final settlement of their accounts.

Naval Orders.

Surg. Benj. F. Gibbs, detached from the naval hospital at Pensacola and ordered to the Ossipee.

Surg. F. J. Turner, detached from the Ossipee and ordered to the naval hospital at Pensacola, Florida.

Assistant Surgeon Edward Kershner, ordered to the New Ironsides.

Assistant Surgeon A. B. Judson, detached from the New Ironsides and ordered to the Nantucket.

Assistant Surgeon F. M. Weld, detached from the Nantucket and ordered to the Wabash.

Assistant Surgeon Walter B. Dick, detached from the Pensacola and ordered to return north.

Assistant Surgeon James S. Knight, detached from the West Gulf Blockading Squadron and ordered north.

Assistant Surgeon Wm. H. Jones, detached from the naval hospital at Norfolk and ordered to the Pensacola.

Assistant Surgeon V. Whitney, detached from the navy hospital at Chelsea, Mass., and ordered to the West Gulf Blockading Squadron.

Assistant Surgeon J. M. Flint, detached from the Chocura, and awaiting orders.

Passed Assistant Surgeon Charles H. Burbank, ordered to the naval hospital at Chelsea, Mass.

Passed Assistant Surgeon Somerset Robinson, ordered to the navy yard at New York.

Passed Assistant Surgeon John P. Quinn, ordered to the naval hospital at Norfolk.

Passed Examination.

Assistant Surgeons J. J. Cleborne, Job Corbin, Jno. C. Speer, Chas. H. Burbank, Henry C. Nelson, Somerset Robinson, and John P Quinn, have passed an examination and are promoted to the grade of passed assistant surgeons in the navy.

Private Physicians under Contract.

(Circular No. 21.) Surgeon-General's Office, Washington, D. C., October 1, 1863. The following instructions, concerning the manner of making out the "Accounts of Private Physicians under Contract," are issued for the benefit of all concerned:

1st. Accounts must be made out for periods of one or more complete months, commencing with the date of entry upon service. No account embracing fractional periods of a month will receive attention, unless it appears upon the face of the account either that the station of the physician has been changed or his contract annulled.

2d. Officers certifying to accounts of a "private physician under contract," must give their official title, and state explicitly the capacity in which they are serving; otherwise their authority to make such a certificate may be questioned. E. g., A B., Surgeon U. S. A., *in charge* —— *General Hospital.* C. D., Surg. Vols., *Medical Director, 1st Division, 2d Army Corps.* E. F., Col. 40th Ohio Vols., *Commanding Post, Garrison, or Regiment.*

3d. The Hospital, Post, Regiment, or Camp in which the services are rendered, must be explicitly stated, and the strength of the command also noted.

4th. When accounts are certified to by a Line Officer, commanding a Post, Regiment, or Camp, they must be transmitted to this Office, through the Department Medical Director, and receive his approval.

5th. The mere approval of an account will not secure its passage through the Treasury. The signature of the certifying officer must be placed in the blank space *immediately below the certificate*, and not, as now frequently occurs, in some other part of the account, thus leaving the certificate unsigned.

6th. The dates between which the services are rendered must be accurately stated. Both the *initial and final day* are counted; thus, from "August 20, 1863, to September 20, 1863, inclusive," is not one month, but one month and one day. It should read, "from August 20, 1863, to September 19, 1863, inclusive," being *one* month.

7th. When instruments are furnished to a Contract Physician by a Medical Purveyor, the kind, and cost price thereof, are to be reported by the Medical Purveyor to this office. The cost price is then deducted from the first account for services rendered subsequent to such reports. The instruments then become the private property of the Contract Physician, and are in no case to be turned back to a Purveyor or other officer without the written order of this office.

8th. When a Contract Physician has been absent from duty the certifying officer must state the reason and duration thereof.

Contract Physicians are requested to use the blank printed accounts furnished by this office; an abundant supply of which will be issued to every hospital, post, &c., on the request of the Surgeon in Charge or Commanding Officer.

Contract Physicians, who desire it, can have their certificates made payable to any person besides themselves, by simply endorsing on the face of the account:

"Pay to the order of ——— ———.

(Signature,) ———— ————,

"Acting Ass't Surgeon, U. S. A."

The certificate will then be made out, in accordance with such order, and the payee has only to prove his indentity in order to receive the money.

The numerous and embarrassing delays in this class of accounts abundantly prove that too great care cannot be exercised, both by the certifying officer and the physician in whose name the account is rendered.

JOS. K. BARNES,
Acting Surgeon General.

REPORTS.

Report on Exemptions.

Provost Marshal General's Office,
Washington, D. C., *Oct.* 19, 1863.

Sir: I have the honor to report for your information certain general facts connected with the draft as shown by reports made up to this time.

The machinery for executing the Enrollment Act is in complete working order. The law as it stands cannot be made to develop the *entire* military strength of the nation, and the execution of it has been rendered exceedingly difficult by the efforts made in various ways to resist or evade it, or to escape from its operation.

Its fruits, therefore, are not as abundant as they will be from a perfected law and more thoroughly established system of executing it. All the advantages, however, which could reasonably have been expected from the law are accruing.

Its general principles distribute the burdens of military service fairly among those liable to bear them, but there is perhaps more generosity than justness in some of its humane provisions. With certain modifications, which can readily be made by Congress, the military strength of the country may, by the direct and indirect operation of this act, be surely and cheaply brought into the field.

Several of the western States have not been subjected to the present draft on account of the excess of volunteers heretofore furnished, and from the same cause the quotas in other western States are rendered quite small; the present draft is therefore but a partial one, and no specific total was established as the quota for it.

Of those drawn in the present draft, including the 50 per cent. additional, *over* 80 *per cent.* have reported in accordance with the orders of the Boards. Of the 20 *per cent.* who have not reported, many are not willful deserters, being unavoidably absent, at sea and the like. The deserters are being arrested.

Of all examined about 30 *per cent.* have been exempted on account of *physical disability*, about 30 *per cent.* have been exempted under the provisions of the second section of the act, or found not liable to military duty on account of alienage, unsuitableness of age, non-residents, &c. Those who are not liable to military duty, and form no part of national forces, and therefore have been erroneously enrolled, appear in the general reports of the Boards among those *exempted*, because their non-liability to serve could not be established until they came before the Boards. The number of *exemptions* is thus made to appear much larger than it really is.

About 40 *per cent.* of the men examined have been *held to service*, and have either entered the army in person, furnished substitutes, or paid commutation.

About *one half* of those held to service have paid commutation; of the remainder about *one third* have gone in person, and *two thirds* have furnished substitutes, and all except a few in transit and a small proportion of deserters from among the earlier substitutes accepted are in the ranks of their regiments in front of the enemy. It is fair to suppose that most of those who willfully fail to report and thus become deserters are physically fit for service; if they had been examined the proportion exempted for physical disability would have been reduced to about 25 per cent. The *proportion of exemptions* would be still further reduced by purging the enrollment lists *before draft* of all cases of manifest unfitness and of aliens and others not liable to military duty, as may be done where this system of raising troops is well established.

The proportions above given are based upon the reports up to this time from the seventy-three congressional districts where the draft has been completed or has most nearly approached completion.

Since the present rebellion began about 200,000 soldiers, after entering service, have been discharged on surgeon's certificate of disability. It is probable that at least one half of them were unfit for service when received. It may be safely said that forty millions of money was uselessly expended in *bringing them into the field*, to say nothing of their subsequent expense to the Government.

In Great Britain under the system of *voluntary* enlistments the rejections average over 27 per cent.—In France, from 1831 to 1842, the average number of exemptions annually was 94,860; so that, to secure the contingent of 80,000 men, 174,860 conscripts were annually examined.

Of the recruits who presented themselves for enlistment in our regular Army in 1852, 70 per cent. were rejected for physical infirmities exclusive of age or stature. Between 1st January and 1st July last more than *one half* were rejected. These were men who *desired to be accepted*. These proportions are of interest in connection with the fact that less than *one third* of the drafted men *who desire not to be accepted* have been exempted on account of physical unfitness.

There have been but few cases of incompetency, fraud, neglect, or abuse in the examination of drafted men. These men have however, in many ways been swindled by rogues having no connection with the Boards of Enrollment, as for example, the fact that certain drafted men were physically unfit for service has become known to these sharpers, when it was perhaps not known to the men themselves, and they have so far imposed upon the ignorance or credulity of the drafted men as to get from them sums of money to secure an exemption to which the rogues knew they were entitled and would surely receive, and the drafted men finding themselves exempted as promised, have sometimes thought and given out that they secured exemption by bribery of drafting officers, whereas they were legally entitled to exemption and have themselves been swindled by sharpers.

All has been done that seemed proper under existing laws to check these evils, and to meet properly the few cases of criminality and incompetency which have occurred among the officers of this Bureau.

All the expenditures up to this time on account of this Bureau, including the enrollment, draft, and pay of officers and persons connected with it, are but little over $1,200,000. These expenditures include all made on account of the machinery which has produced the arrest and return of twenty thousand deserters.

The amount of money received from the draft up to this date is about ten times as great as all the expenses incurred on account of the Enrollment Act; those resulting from the New York riots are not, however, included in this statement, as they are more properly attributable to other causes and other persons than to the draft or the officers of this bureau.

I am, very respectfully,
Your obedient servant,
James B. Fry,
Provost-Marshal-General.

Hon. E. M. Stanton,
Secretary of War.

Report of the Board of Hospitals.

Washington, D. C., *Oct.* 12, 1863.

Colonel:—We have the honor to report the completion of the duties assigned to us by your instructions of July 9, 1863, and to submit for your information the general results of our examinations of soldiers for the invalid corps.

Our examinations have been very thorough, and have extended to all ward-masters, cooks, nurses, clerks, bakers, butchers, and assistant apothecaries; to soldiers in charge of commissary, quartermaster, and medical supplies, and to guards as well as to

convalescent and other patients not under medical or surgical treatment.

According to the results of the examinations the soldiers were ordered for duty in their respective regiments, for transfer to the first or second battalion of the invalid corps, or recommended for discharge from the army. *Doubtful* cases were ordered to be retained in hospital for further observation and treatment, the *probable* result in each case being indicated in the column of remarks by the words "Regiment," "Invalid Corps," or "Discharge."

It will be seen at once that after the thorough examination above indicated, if the orders were carried into effect *immediately* the hospital would be stripped of all its efficient force, and none (aside from officers) be left except really sick and those whose wounds were not sufficiently healed or health sufficiently restored to go to duty or into the invalid corps.

This difficulty was met in the following manner: the examinations and decisions were first made without reference to the wants of the hospital. The surgeon in charge was then invited to examine the list for the first battalion, invalid corps, and designate the men who were required for service in the hospital, and all men so designated were at once transferred to the list for the second battalion. That officer was then requested to examine the list of soldiers pronounced fit for duty in the field, and he was authorized to retain in hospital all the men on that list marked by him as essential to the administration of the hospital, "until he could supply their places by convalescents not fit for field service, or by detail from the invalid corps;" and this he was required to do as soon as possible.

The list of "men essential to the hospital" was confined to men skilled in putting up medicines, trusty men charged with the custody and issue of public property, skilful surgical nurses, clerks, bakers, butchers, and chief cooks.

In all the hospitals we have examined we have found a large proportion of the ward-masters, cooks, nurses, and clerks, unfit for field service, and very many not even proper subjects for the first battalion. The guards were generally the most able-bodied men about the hospital.

Notwithstanding this general fact, some men are retained in hospitals who are fit for active field service, but the numbers are comparatively small; far too small to account for the complaints which are made concerning the non-return of soldiers to their regiments. We think that many more men are reported for duty before they are fully able to bear the labor and exposure of field service than are unduly retained in hospital.

We find that soldiers "reported for duty" are not sent from the hospitals direct to their regiments, as is required by the War Department, Special Orders, No. 89, current series, but that large numbers are retained for various duties in cities, and that those from the hospitals in the New England States first pass through the convalescent hospital at Bedloe's Island, New York Harbor, and *all* are sent to the convalescent camp near Alexandria, Virginia. In very many instances months elapse between the soldier's leaving the hospital and his joining his regiment—months that are passed in service disagreeable to the true soldier, who prefers his regiment, and affording time for the indolent and malingerer to be returned once more to hospital. Some men have passed the greater portion of their enlistment in traveling from hospitals to convalescent camps and from convalescent camps to hospitals.

If it can be so arranged that men may be conducted from the convalescent hospital in each city to their regiments without detention and re-examination in convalescent camps, the armies in the field will be greatly strengthened; but if this be done, justice to the soldier requires that medical officers be enjoined to report none for duty who have not been carefully inspected and found fit for the field. We are satisfied that at present many men are reported for duty who are not in condition for the field, and that this is so, is evident from the number of men transferred to the invalid corps at the convalescent camp near Alexandria.

In the performance of the duties assigned to us we have kept steadily in view that the first object in importance was the return of able-bodied men to their regiments, and next so to organize the invalid corps as to interfere as little as possible with the administration of hospitals. We have taken pains to instruct medical officers as to the manner of completing the companies of the second battalion, so as in time to form a satisfactory hospital corps, by adding men qualified for hospital service, and discharging those found physically unable to perform any duty.

The following table exhibits the results of the examinations made by the Board of Hospitals before, as well as subsequent, to the relief of Colonel D. B. SACKET as a member of the Board:

LOCALITY.	For duty in regiments.	For First Battalion, Invalid Corps.	For Second Battalion, Invalid Corps.	For further observation and treatment.	For discharge from the Army.	Total.
Washington	584	459	199	514	7	1763
Burlington	14	8	9	30	3	64
Brattleboro'	18	41	24	43	4	130
Boston	1	3	4	2	1	11
Portsmouth Grove	205	211	126	285	37	864
Hartford, Norwich, and New Haven	11	64	47	23	0	145
Newark	63	29	35	127	4	258
Chester & Philadelphia.	538	509	476	370	57	1950
Wilmington and Baltimore	543	369	204	244	20	1380
Camp Convalescent, Va.	481	477	72	116	16	1162
Total examined	2458	2170	1196	1754	149	7727

We are constrained to report that we have not found one medical officer fully acquainted with the General Orders governing the organization of the invalid corps, nor have we found in any hospital a complete "invalid Roll." Our examinations have, therefore, in many cases, been extended to a complete inspection of all the soldiers in hospital instead of being confined to "convalescents, and men fit to leave the hospital, and supposed to be able to go to duty."

Very respectfully,
Your obedient servant,
GEO. W. GILE,
Colonel Invalid Corps.
R. H. COOLIDGE,
Med. Insp. U. S. A.

Colonel James B. Fry,
Provost-Marshal-General, U. S. A.,
Washington, D. C.

News and Miscellany.

Pension Examining Surgeons.

The following additional appointments have been made:

New Hampshire.—Drs. EBENEZER WILLIAMS, Farmworth Valley; JOHN H. CUTLER, Mason Village.

Massachusetts.—Dr. J. Q. A. MCCALLISTER, Groton Junction.

New York.—Drs. D. C. WHITE, Ithaca; GEORGE W. DAVIS, Seneca Falls.

Pennsylvania.—Drs. E. Green, Bellefonte; Wm. H. Reed, Honesdale.
Ohio.—Drs. Geo. K. Thompson, Bucyrus; Nelson E. Jones, Circleville.
Kentucky.—Dr. E. J. Vaughn, Louisville.
Indiana.—Dr. Milton Jay, Marion.
Illinois.—Drs. Ira B. Curtis, Decatur; Isaac W. Garvin, Sycamore.
Iowa.—Drs. Lucius French, Anamoza; H. T. Cleaver, Keokuk.
Missouri.—Wm. P. Boulware, Lexington.
Michigan.—Dr. Daniel Clark, Flint.

Depth of Milk.

Col. Pratt, of Prattville, N. Y., finds that the largest quantity of cream rises, and consequently the greatest quantity of butter is made when the milk is *one and a quarter inches* in depth, in hot weather, and an inch and a half in cool weather, seven or eight quart pans thus containing but two and a half quarts for the first named depth, and three quarts for the latter. The temperature is kept as nearly as possible to 62 deg., although in warm weather it may run up to 65 deg., and in extreme cases to 70 deg.

To Medical Gents.

In view of the subordinate rank of medical officers in our Army and Navy, the following squib from *Punch* is applicable in this latitude as well as that of London:—

Wanted, a considerable number of Clever Young Snobs to compete for the commission of surgeon in the army, for which there is at present, and has been for some time, an extreme scarcity of eligible candidates, owing to the circumstance that men of education and ability sufficient to qualify them for the office, refuse to accept it, unless upon the impossible condition of being treated as gentlemen. All applicants must be Fellows of the Royal College of Surgeons and Doctors of Medicine who have received diplomas recognized under the Medical Registration Act. In addition to their professional qualifications, they must possess a capability of being continually and contentedly snubbed, and patiently submitting to any amount of insult. They will be required at the mess-table to occupy a position subordinate to that of every combatant officer, even the youngest ensign, whose permission it will be necessary for them to ask for the purpose of giving the band or the attendants any kind of order. It will be necessary for them to be regardless of those petty annoyances unavoidably inflicted by junior officers on their inferiors in rank, but superiors in age and attainments. No thin-skinned persons, endowed with any self-respect whatever, or animated in the least degree by the feelings of a gentleman, need apply. For further particulars inquiry may be made at Head Quarters. "By Order."

"Horse Guards, March 25, 1863."

MARRIED.

Barker—Barton.—In Waterville, N. Y., on Wednesday, September 30th, by the Rev. T. D. Hunt, P. C. Barker, M. D., of Good Spring, N. Y., and Anna E. Barton, of the former place.

North—Buck.—In New York, on Thursday, September 24th, by the Rev. George L. Prentiss, D. D., Alfred North, M. D., of Waterbury, Conn., and Amelia H. Buck, daughter of Gurdon Buck, M. D., of New York.

DIED.

Bailey.—In Washington, D. C., on Monday, October 26th, Dr. Stephen Bailey, formerly of Somers, Westchester Co., N. Y.

Martin.—In Philadelphia, on the 28th of October, Edith, daughter of Dr. George and Annie T. Martin, aged 13 years.

Stewart.—At Indiana, Pa., on the 25th of September, Mrs. Matilda, wife of James M. Stewart, M. D., in the 71st year of her age.

York.—On the 29th of September, George W. York, M. D., of Dansville, N. Y.

METEOROLOGY.

October	26,	27,	28,	29,	30,	31,	N. 1.
Wind	N. E.	N. E.	N. E.	E.	E.	S. E.	N. W.
Weather	Clear. Frost. Ice.	Clear. Ice.	Clear. Ice.	Clear. White Frost.	Clear.	Cl'dy. Rain.	Clear.
Depth Rain						2-10	
Thermometer							
Minimum	31°	30°	29°	32°	39°	49°	35°
At 8 A. M.	35	35	36	39	53	59	43
At 12 M.	45	45	47	53	60	63	52
At 3 P. M.	48	47	48	56	62	59	53
Mean	39.7	39.2	40	45	53.5	57.5	45.7
Barometer.							
At 12 M.	31	30.1	30.1	30.4	30.2	30.2	30.5

Germantown, Pa. B. J. Leedom.

VITAL STATISTICS.	Philadelphia. Week ending October 31.	New York. Week ending November 2.	Baltimore. Week ending November 2.	Boston. Week ending October 31.	Providence. Month of September.
Popl'n, (estimated.)	580,000	950,000	240,000	180,000	52,000
Mortality.					
Male	146	225	53	38	65
Female	124	203	57	51	62
Adults	128	208	45	36	56
Under 15 years	129	218	65	53	67
Under 2 years	75	129	37	30*	48
Total	270	428	119	89	127
Deaths in 100,000	46.45	45.05	45.83	49.44	244.23
American	195	274	...	55	105
Foreign	53	154	...	34	22
Negro	14	10	16	1	2
Zymotic Diseases.					
Cholera, Asiatic	1	...	...	...	...
Cholera Infantum	1	4	1	1	15
Cholera Morbus	...	...	...	1	...
Croup	15	30	6	7	1
Diarrhœa	12	17	...	1	8
Diphtheria	14	20	4	1	2
Dysentery	2	8	1	1	23
Erysipelas	2	...	...	...	1
Fever, Intermittent	...	1	1	...	...
Fever, Remittent	...	...	...	...	...
Fever, Scarlet	2	14	6	...	...
Fever, Typhoid	4	12	5	7	4
Fever, Typhus	1	6	...	...	1
Fever, Yellow	...	...	...	...	...
Hooping-cough	2	1	3	...	3
Influenza	...	...	...	...	...
Measles	...	...	...	1	1
Small Pox	...	...	7	1	...
Syphilis	1	...	...	...	...
Thrush	...	...	...	...	...
Sporadic Diseases					
Albuminuria	...	1	...	...	...
Apoplexy	1	10	...	1	1
Consumption	33	66	18	14	16
Convulsions	12	25	2	2	3
Dropsy	4	24	4	3	3
Gun-shot Wounds	6	1	...	...	...
Intemperance	4	6	...	1	2
Marasmus	7	22	...	2	2
Pleurisy	1	1	1	...	...
Pneumonia	14	33	4	5	3
Puerperal Fever	...	1	...	...	1
Scrofula	1	1	...	...	1
Violence and Acc'ts	10	27	2	4	5

* Under 5 years.

TO CORRESPONDENTS.

For the information of those who are not authors, we will state that manuscript intended for publication must be written on but one side of the sheet. If greater care was taken in the preparation of copy, much trouble would be saved to printers, and mistakes would rarely or never be made.

BACK NUMBERS.

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(See also the Commutations in another place.) 357—tf

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The Dispensary and Laboratory of the College will be open, and preliminary lectures will be delivered by one of the Professors, every day during the month of October; the lecture on Wednesday of each week, at 3 o'clock, P. M., to be devoted to *Clinical* teaching. The regular Course of Instruction will commence on the first Monday of November, and continue until the close of the ensuing February.

The Lectures will be amply illustrated by the extensive and *valuable* collections of Anatomical, Pathological and Mineralogical specimens, and the Philosophical and Chemical apparatus of the incumbents of the various Chairs, and every opportunity will be afforded in the Clinic and Laboratory for obtaining a *practical* knowledge of Operative and Mechanical Dentistry.

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MEDICAL AND SURGICAL REPORTER.

No. 365.] PHILADELPHIA, NOVEMBER 14, 1863. [Vol. X.—No. 29.

Original Department.

Communications.

A CASE OF SCORBUTUS WITH SLOUGHING OF THE LEFT FOOT.

By Lloyd Dorsey, M. D.,

Assistant Surgeon U. S. A.

George B. W——, married; private in company G, 33d Massachusetts regiment, age 17 years. Enlisted in Reading, Mass., about the 16th of July, 1862. Since he has been in service, the regiment has been doing provost guard duty at Alexandria for about two months, during which time they had the regular rations of the army.

The balance of the time they were doing the usual duties of soldiers—picket duty, etc., at no time farther down than Warrenton, Va. During this time they were deprived of the usual rations, principally subsisting upon hard bread and coffee, with but few vegetables. At no time used salt meat much.

Was received at Harewood Hospital, Washington, November 19th, 1862, suffering with irritability of the urethra, which had existed for two months. Prescribed ½ grain ext. belladonna every five hours, and an ointment consisting of ext. belladonna 3ss, cerat. simplex ℥j, to be used on the catheter upon its introduction. This treatment was continued until December 3d, when I found no further use of the catheter necessary. The patient being able to void urine as well as he had ever done.

From the 3d he continued to improve until the 7th, when I found considerable debility and diarrhœa, for which I prescribed sulph. quinine, sherry wine and astringent pills. The diarrhœa was easily controlled. On the evening of the 7th found some fever, and ordered potass. chlor. in solution. On the morning of the 9th, found the fever augmented; great delirium; skin hot and dry; pulse feeble and irregular, 120 per minute; tongue very dry and in a raspy condition; mouth and tongue covered with sordes. Ordered emulsion of turpentine, quinine and wine. Diet, beef tea, etc.

Dec. 10th—Found the symptoms as the day before; continued treatment and ordered brandy mixture freely.

Dec. 11th—Same as yesterday. Not so much delirium. Continued treatment.

Dec. 12th—Found the febrile symptoms abating; much less delirium than yesterday, but found that within the last twelve hours sudden and aggravated symptoms of scorbutus had supervened. Both feet greatly swollen and extensive ecchymoses, extending to the knee. Left foot particularly covered with *blisters* of varied size. No discharge of blood from any of the mucous membranes. Both hands were found of a marked purplish hue. Discharges from the rectum and bladder during the day presenting nothing peculiar except the excessive odor. Ordered his feet to be elevated and covered with flannel moistened with oil of turpentine. Continued tonics and brandy mixture. Diet, beef tea, etc., acid drinks and fresh vegetables.

Dec. 13th—Pulse 120, but a little more volume; delirium less than yesterday; tongue hot, dry and harsh as yesterday, but covered with mucus; respiration not as labored as before; slept more comfortably than the previous night; right foot not as much swollen as yesterday; upon the left foot the blisters a little more extended; discharges from the bowels and bladder as previously noted. Continued treatment with the exception of the turpentine emulsion.

Dec. 14th—Pulse 108, not so irregular but feeble; respiration 24; delirium abating; not so much anxiety; feet not as painful as heretofore; the legs not as much swollen as yesterday; tongue not covered with mucus, but assuming its previous harsh and dry condition; a little diarrhœa. Continued treatment. 8 o'clock P. M., patient more delirious and restless; pulse less volume and irregular; more sensibility to pain.

Dec. 15th—Pulse 104, soft and more regular; tongue not so dry nor harsh, red in the centre; respiration 24; less delirium than last night; not as much anxiety of countenance as yesterday; right foot less ecchymosed than previously; left foot a little more swollen; above the ankles less swelling and not so painful as heretofore. Continued tonic treatment.

Dec. 16th—Pulse 104; less delirium; powers of

speech improved; tongue not as dry as yesterday; slept better than previous night; right hand considerably ecchymosed; right foot much improved; left foot not so painful as yesterday but as much swollen; appetite improved; took considerable nourishment. Continued treatment.

Dec. 17th—Pulse 104, less volume and more irregularity than yesterday; tongue moist at the edges, but dry and harsh in the centre; delirium considerable during the night, but less in the morning: more anxiety than yesterday; right foot much improved; left foot as much swollen as the day before the blisters collapsed; not so much pain in either as previous; discharges from rectum and bladder as previously noted; took considerable nourishment during yesterday, consisting of beef tea, chicken broth with a couple of crackers broken in it. Continued treatment of quinine, iron and brandy mixture.

Dec. 18th—Pulse 104, more volume than yesterday; right foot improving, left foot not as much swollen; less delirium than heretofore; appetite still good, takes considerable food. Continued treatment.

Dec. 19th—Pulse 108; a little subsultus this morning; tongue coated but not dry; not as much delirium as yesterday; slept well during the night; condition of both feet much improved, being neither as much swollen nor painful as before; appetite much improved; secretions from rectum and bladder as previously noted. Continued treatment. Diet consisting of beef tea, chicken broth, etc.

Dec. 20th—Pulse 112, feeble and irregular; considerable subsultus; tongue more moist but cracked in the centre; delirium less than the day before; right foot improving, left foot less swollen and less painful; ecchymosis disappeared above the ankle, the blisters entirely collapsed; appetite good; discharges from the rectum and bladder the same as previously noted.

Dec. 21st—Pulse 112, more volume than yesterday; less delirium than has existed for several days; slept well last night; right foot improving, left foot beginning to slough: appetite good; pretermitted the oil of turpentine to the feet and ordered warm water applications to them. Continued the tonic treatment.

Monday, Dec. 22d—Pulse 112, feeble and irregular; tongue not much coated but red and inflamed; delirium subsiding; slept well; left foot sloughing, right foot doing well; appetite good.

Dec. 23d—Pulse 100, exceedingly feeble; increased subsultus; tongue more natural; right foot improving, left foot sloughing extensively; appetite good; slept well last night. Continued treatment.

Dec. 24th—Pulse 112, very irregular; tongue like yesterday; delirium and subsultus the same as yesterday; slept well last night; left foot sloughing much, right foot doing well; appetite good. Continued tonic treatment.

Dec. 25th—Pulse 100, feeble and irregular; tongue assuming its natural condition; delirium subsiding; right foot recovering, left foot sloughing considerably; appetite good. Continued treatment.

Dec. 26th—Pulse 112, feeble; tongue cleaning; subsultus subsiding; appetite very good; right foot improving, left foot sloughing; sleeps well. Treatment continued.

Dec. 27th—Pulse 112, more volume than for some time; delirium subsiding; appetite good; left foot sloughing, right foot improved.

Dec. 28th—Pulse 120, very feeble and irregular; skin hot; tongue a little red, but otherwise natural; right foot recovered, left foot sloughing exceedingly; appetite good. Treatment continued.

Dec. 29th—Pulse 120, feeble and irregular; skin hot but not dry; tongue more natural; delirium subsiding; left foot sloughing exceedingly; blotches appearing on the body; appetite good; discharges from the rectum regular but involuntary; sleeps well.

Dec. 30th—Pulse 124, exceedingly feeble and irregular; skin not so hot as yesterday; more subsultus than there has been for some time; countenance very anxious; discharges from the rectum involuntary; left foot sloughing exceedingly; appetite very good; slept well last night.

Dec. 31st—Pulse 120, more feeble and irregular than yesterday; skin in better condition than for several days; blotches continue to appear on different portions of the body; left foot a sloughing mass: discharges from the rectum involuntary; appetite still continues good; great anxiety; subsultus increasing.

January 1st, 1863—Pulse 112, more resistant but irregular; not as much heat of skin as for several days; blotches still appearing over the surface of the body; left foot as previously noted; not so much anxiety as previously evinced; no appetite to-day. Continued treatment.

January 2d—Pulse 112, very feeble and irregular; appetite greatly improved; mind wandering; skin more natural; left foot sloughing exceedingly; the same anxiety of expression as has been noticed for some time. Continued citrate of iron and quinine, brandy and milk punch.

8 o'clock P. M. During the afternoon became highly delirious, but gradually sank into a deep stupor. Pulse 120, feeble and irregular.

January 3d—Pulse 140, feeble and irregular; has been in a stupor since yester-noon; no appetite; powers of life on the wane. He continued to sink until 6 o'clock A. M. January 4th, when death closed the scene.

Hospital Reports.

PHILADELPHIA HOSPITAL,
Nov. 3, 1863.

SURGICAL CLINIC OF DR. D. HAYES AGNEW.

Reported by *Dr. Josiah Reeve*, Jr.

Dropsy of the Knee-joint.

It has been considered inexpedient, until within a few years, and with some surgeons even now, to tap the joints in cases of dropsy; but the remarkable success with which this operation has met, now justly establishes it a safe procedure. The following characteristic case, operated on by Dr. AGNEW, is interesting and instructive.

LOUISA A., aged twenty-eight years, was admitted into this hospital October 2d, 1863, with swelling of the right knee, which was attributed to a blow received there four weeks previous. The injury was at first very painful, disqualifying her for the performance of her duties. She states that she noticed the swelling about a week after the occurrence of the injury, and that it gradually increased until the date of admission. The symptoms which characterized the injury when presented at the clinic, Oct. 10th, were as follows: The knee had an unnatural appearance, being swollen to double its normal bulk, and was soft, elastic, and irregular. There was marked fluctuation, which was most distinct at the lateral portions of the joint. Heat and pain were comparatively slight. The surface was not much changed from its normal appearance. By pressing on the patella, a sound was elicited by its coming in contact with the condyles of the femur; and as soon as the fingers were removed, the patella resumed its former position.

The operation was performed with a bistoury, which was inserted about half an inch below the boundaries of the swelling, and in its most dependent part. The knife was carried under the skin until the swelling was reached, and then introduced in the usual manner, thus making a valve-like opening. Ten ounces of a clear, straw-colored, serous fluid were drawn off, and the orifice of the wound was closed by adhesive plaster, so as not to admit the entrance of air within the joint. A roller was firmly applied from the distal extremity of the limb to some distance above the joint, and the part kept at rest.

The constitutional treatment for the first few days consisted in the administration of potass. bitart., ʒj, in combination with one ounce of the infusion of juniper berries, after the formula: junip. baccarum, ℥j; aquæ, Oj; to operate upon the bowels and kidneys. Magnes. sulph., ℥ss, was also administered on alternate days. There being a slight re-accumulation after three or four days, adhesive strips were applied from the tubercle of the tibia to some distance above the articulation, and the roller used as before, from the extremity up to the thigh, thus affording firm compression to the parts. In addition to the above constitutional treatment, five grains of iodide of potassium were given three times daily. Under this management the case rapidly improved, so that three weeks after the operation she was exhibited at the clinic, cured, not having had an unoward symptom.

JEFFERSON MEDICAL COLLEGE,
October, 1863.

SURGICAL CLINIC OF PROF. S. D. GROSS, M. D.

Reported by *Dr. J. Gordon Maxwell.*

Scrofulous Abscess.

"The science of diagnosis holds the highest rank among the different branches of the healing art, as it is at once the most useful and the most difficult." The truth of this remark was most happily shown a few days since, at our clinic, in the two following cases.

SUSAN S., aged twenty-four years, and MARY H., aged twenty-one years. These patients presented themselves at the clinic on the 21st of October, and on account of their similarity of affection were brought before the class at the same time.

Both had tumors occupying the same site, immediately beneath the left parotid gland, which had existed for nearly the same length of time, two years, and neither had experienced much pain in the part affected.

Several gentlemen of note in the profession were present, who, after an examination of each, pronounced them to be cystic tumors; an opinion from which Dr. GROSS dissented, believing that they were merely scrofulous abscesses.

An exploring needle being introduced into the tumors, pus of a strumous character escaped from one, while the other presented evidence of a solid mass; and for a time the Doctor *seemed* shaken in his opinion, but with his accustomed coolness he proceeded to make an incision into the first, taking care to carry the knife some distance between the skin and the sac of the tumor before penetrating the latter, making the valvular opening recommended by the books. Having drawn off the greater part of the fluid, the orifice was accurately closed by two broad strips of adhesive plaster, arranged crucially, and supported by a compress and roller.

When, having finished, he turned to the second, and having made an opening into it somewhat larger than the first case, a semi-fluid substance of an unmistakable strumous character was discovered enclosed in a sac evidently the remains of the fibrous envelope of a lymphatic gland in a state of abnormal thickening; the consistent nature of the fluid being, doubtless, the reason why no discharge followed the withdrawal of the exploring needle.

The after treatment has been that usually pursued in such cases, to sustain the system by tonics and allay pain by anodynes. When last seen, the patients were doing well.

Necrosis of the Femur.

JOHN W., aged seventeen years, Salem, N. J. In April, 1861, the patient, after an exposure to cold, retired to bed, feeling perfectly well; but toward morning he was aroused by pain in the left thigh, of a sharp, aching character, so severe as to deprive him of sleep. The soft parts soon became exquisitely tender and very much enlarged, the swelling steadily increasing until it had embraced the whole of that portion of the limb. Some constitutional disturbance, though not the amount usually seen in such cases, was present.

In the course of a month the abscess, for such it was, opened at two points, one on the inner and the other on the outer side of the thigh, discharging an enormous quantity of sanious, fetid pus, relieving him of pain, but producing no beneficial results upon the system.

When brought to the college, the sides of the openings presented the papilla-like projections, so characteristic of the presence of dead bone. Chloro

form being given, a free incision was made along the long axis of the bone on the outer side of the thigh, when a sequestrum of dead bone was discovered nine inches in length, and so firmly imbedded in the involucrum, that it was found necessary to use the trephine and pliers and take it away piece meal. The dead bone having been extracted, the canal left by its removal was well scraped and then syringed with cold water, in order to cleanse away all the débris that might have been left, after which the cavity was plugged with lint, to prevent hemorrhage from the extensive internal osseous surface. No artery was tied, the wound was brought together by adhesive strips. After recovering from the anæsthetic an anodyne was administered. Toward night vomiting set in but was soon relieved by the free use of lime water.

As the patient had been in a debilitated state prior to the operation, he was put upon the use of Iron and Quinine, and under this treatment he has been progressively improving.

Scirrhus of the Breast.

Mary S., aged 45 years, married. Has had no children. She first noticed a hardened mass in the left breast, three years ago, which continued to grow until last May, when ulceration set in, the ulcer is now of an enormous size, with a steep excavated appearance, and an excessively foul discharge; there is very little retraction of the nipple, owing most probably to the fact that the disease began in the lymphatic ganglion between the mamma and the axilla, and does not involve much of the gland itself. The pain is very slight, the patient sleeps well, without an anodyne, and the appetite is good.

Professor Gross after making some remarks on the nature and progress of cancer of the breast in general, stated that this case had advanced sufficiently to justify an operation, only as a means of palliation to get rid of the discharge and fetid odor. As the woman declined surgical interference, he contented himself with prescribing, nutritious diet, support to the breast, with chloride of zinc in solution as a disinfectant, and to be taken internally the following:

℞. Ferri sulph.
Quin. sulph. āā gr. ij.
Ext. nucis vomicæ, gr. j. M.
Ft. in pil.
S. One three times a day.

University of Maryland,
October 24th, 1863.

Surgical Clinic of Prof. Nathan R. Smith.

Reported by *Dr. J. W. P. Bates.*

Fistula Lachrymalis.

Woman, æt 30. This affection is nearly always the result of abscess, dependent upon closure of the nasal duct. The only way to relieve it is to remove the obstruction and dilate the duct. Surgeons formerly used a straight bistoury to divide the stricture. They were almost certain to transfix the canal.

We dilate the canal by introducing probes gradually increasing in size; we very rarely use a cutting instrument. To-day we will introduce a style which we will retain for some weeks. Sometimes it is necessary to introduce a tube, when we do so we introduce it completely so that no part of it can be seen.

Necrosis.

The patient a boy. In the process of ossification the epiphises have separate centres from the shaft of long bones, hence in early life diseases of the shaft are not apt to be communicated to them. Here we have a case of necrosis occupying the upper part of the middle third of the right femur. Inflammation is always the precursor of this disease of the bone and periosteum. When this membrane is inflamed and pus forms it is dissected from the bone which dies like the tree from which the bark has been removed. As in the case of fracture, nature forms a callus on the outside embracing the dead bone, leaving however fistulous orifices through which the dead bone can be touched. Sometimes nature gets rid of the dead bone; sometimes the callus forms on one side only and crowds the dead bone out, but this does not often occur in cylindrical bones. It is generally necessary to enlarge the orifices and extract the bone as the patient will never get well without.

In this case the right femur is larger than the left, on account of this callus. The dead bone is not sufficiently detached to justify the operation of cutting down upon it as I might have to use so much force in extraction as to produce fracture. We shall allow nature to proceed with her process. Sometimes elongation of the affected limb occurs. I saw this in a case in which the affected tibia was nearly two inches longer than the other.

Gun Shot Wound.

This man was wounded some time since by a bullet which produced a compound comminuted fracture of the humerus. The elbow joint was not affected. There is a numbness all over the back of the hand, which renders it probable that the musculo spiral nerve was cut; several pieces of bone have come out. On introducing a probe it comes in contact with dead bone; no fragment could be removed by a long narrow pair of forceps. We will insert a sponge tent to dilate the opening which will be better than cutting; apply a bandage and compress. This will be a tedious affair, all affections of the bones are apt to be chronic.

Chronic Ulcers.

Man, aged 35. You see here a varicose condition of the veins of the leg, and chronic ulcer. The veins being dilated the valves do not reach across, and do not prevent the blood from descending; it is also not returned, but stagnates in the veins and even in the capillaries. The blood not being renewed the functions cannot be carried on, and the healing process is not instituted, this ulcer can be cured without any great difficulty, if the patient remains quiet, but owing to this condition of the veins will be liable to a relapse from slight causes. As this disease is mechanical we must resort to mechanical means to relieve it. The treatment would be to cure the varicose condition of the veins, by obliterating them, but as all these operations are attended with danger we use the palliative treatment only, in most cases. We will bandage this leg from the toes up to just below the knee; the bandage should be tightest on the foot so as to afford support to the enlarged veins. Some use an elastic stocking but they are very expensive, and at the end of three or four weeks lose their elasticity. As a dressing to the ulcer we apply a cloth spread with simple cerate; the cloth is pierced with holes so as to allow the discharge to pass out.

Case 2.—Man, aged 50. We have here another case of chronic ulcer and a varicose condition of the veins, even the minute ones being affected. The patient says some of the veins burst sometime back. This ulcer has everted edges which present a carcinomatous appearance. We apply pressure by means of a bandage, and if much pain use the watery solution of opium. When there is the least tendency to cancerous disease the occurrence of any chronic affection will invite it to that part. We may find it necessary to destroy the margin which is so prominent, and are not certain that this expedient will avail.

PHILADELPHIA DISPENSARY,
OBSTETRIC DEPARTMENT,
October, 1863.

CLINIC BY E. A. SPOONER, M. D.

Reported by *J. H. Sherk*, M. D.

Pruritus Vulvæ.

GENTLEMEN:—Although pruritus of the vulva is generally to be considered a symptomatic affection, the great prostration consequent upon the disturbed condition of the nervous system, want of sleep and impaired digestion following in its train, accord to the disease the importance of distinction. Whilst by the patient, from the intensity of her suffering, no idiopathic affection of the uterus or its annexia would be considered more distressing.

The *causes* of this disease are quite numerous, such as circumscribed inflammation of the vulva, acrid secretions of the sebaceous glands, vaginal discharges, uterine and vaginal irritation, diseases of the bladder and rectum, want of cleanliness, etc., etc.

The characteristic symptom is the intolerable itching of the part, with sensations of heat and soreness; the latter most frequently the result of the scratching, which the patient is utterly unable to avoid, and which occasionally results in ulceration.

Diagnosis.—From the description by the patient of the peculiar irritation, the physician is directed to an inspection which at once reveals the nature of the disease; and on further inquiry in respect to the various conditions of the vagina, womb, bladder, and rectum, the *cause* cannot fail in being manifested, and must be combatted in the treatment, which will be both local and general in its application.

The first case is one in which we have pruritus of the vulva in consequence of

Vaginitis.

A. T.; married; aged twenty-four; one child, four years old; miscarried at four and a half months, two years ago. Her general health was good when she came here, for the first time, in August last. She then said that her husband, who is in the army, was at home on a furlough of two weeks, and that shortly after his arrival she experienced a sense of weight, soreness and heat in the lower part of her abdomen, followed, in a day or two, by excessive itching of the external genitals. There was some soreness of the urethra. The discharge from the vagina was trifling. An examination confirmed the supposition that there was vaginitis, upon which the pruritus (of which she chiefly complained) depended. The vaginitis in this case was probably caused by excessive coition. Her husband had returned to the army before she came to see us—the cause was therefore removed. She was ordered a saline cathartic, told to use warm-water injections into the vagina, and a solution of borax and sulphate of morphia as a wash externally. This treatment so much relieved her that she supposed herself cured, therefore did not return at the time she was requested to come. She now presents herself, complaining of a profuse, white, creamy discharge from the vagina, and a return of the pruritus. She has now chronic vaginitis. Her general health being not so good as it was when she was here in August, she will take cinchona and iron. White-oak-bark injections with the solution of borax and morphia she used before, will form the local treatment.

In the second case we have pruritus of the vulva with

Dysmenorrhœa.

J. T.; is twenty-six years old; married; has one child, two years old. There is indigestion. She complains of very severe pain at each menstrual period, with intolerable itching of the vulva. She menstruates regularly as to time, but the discharge is generally but very slightly colored. The cervix uteri will not admit of the introduction of the smallest sound. This is, therefore, a case of dysmenorrhœa, caused, probably, by the stricture of the canal of the cervix. Pruritus of the vulva in these cases is not uncommon. The patient will be requested to attend regularly, and the stricture dilated, as in a similar case, treated a month or two ago. She will take, between the menstrual periods:

℞. Fer. et pot. tart., ℥ij.
Syr. zingiber. f℥ss.
Aquæ bul., f℥iijss. M.
Sig. A teaspoonful three times a day.

For the pruritus, we will give her the same wash, to be used in the same manner prescribed in the other case.

In the third case we have pruritus of the vulva in connection with

Extensive Ulceration of the Cervix Uteri.

J. H.; widow; aged twenty-eight years; has had two children; both are living. She complains of pain in her back and in the region of the ovaries, a sense of bearing down and dragging extending down the thighs, and so much increased by walking that she is obliged to keep her room almost all the time, and on account of which she has entirely abandoned her former occupation, that of operating on a sewing machine. Her digestion is impaired; there is constipation; her head aches frequently; she menstruates at irregular intervals of five or six weeks with considerable pain; the color of the menstrual discharge is darker than it formerly was; in quantity it is unchanged; there is leucorrhœa accompanied with *intense itching of the vulva* between the menstrual periods. These symptoms have existed to some extent since her last confinement, three years ago, but have greatly increased in severity within the last month.

Per Vag. Ex.—Slight prolapse, with extensive, non-malignant, superficial ulceration of the cervix uteri.

The ulcerated surface will be cauterized. She will use an injection of white-oak bark, and take:

℞. Gentian. (Cont.) ℥ss.
Sod. bicarb.
Rhei. pulv., āā. ℥ij.
Zingiber, ℥ss. M.
Sig. Put into a pint of boiling water. A wine-glassful three times daily.

The fourth case presents pruritus of the vulva in connection with

Irritable Bladder and a Swollen Condition of the Vulva, etc.

E. T.; married for seven months; aged eighteen years. General condition good. Complains of a continual desire to micturate, with heat, soreness and excessive *itching* of the genitals. She menstruates regularly; her appetite is good; she is not troubled with sick stomach. We would, therefore, consider her not pregnant. Menstruation has always been accompanied with more or less pain. There is constipation. Examination shows great tumefaction of the vulva. The vagina and uterus are healthy. She will take:

℞. Mag. sulph.
Pot. bitart., āā. ℥j. M.
Sig. Desert-spoonful, morning and evening.

℞. Liq. morph. sulph., f℥ij.
Liq. plumb. subacet. dil., f℥v. M.
Sig. Wash externally.

Editorial Department.

Periscope.

Pyæmia, or Pyoseptæmia.

Dr. Wm. Detmold, of New York, is good authority on surgical questions. In a lecture on Pyæmia, or Pyoseptæmia, as he prefers to call it, published some time since in the *American Medical Times*, he says:—

We come now to consider an affection which carries off perhaps the largest proportion of wounded in military hospitals; I mean pyæmia. The name intends to convey the character of the disease, that is, a blood-poisoning by pus. Whether that is exactly correct, we will try to develop by a brief investigation. For this purpose we must group together certain complaints which not only show an evident analogy, but which seem to run into each other.

We find that in a number of cases of suppurating wounds, a blood-poisoning develops itself which is ushered in with rigors, furred tongue, vomiting and diarrhœa, and a rapid sinking pulse, and which generally terminates fatally by purulent deposits in different and distant parts; such as abscess in the liver, purulent effusion in the pleura or peritoneum, or in some of the large joints; sometimes the large veins, especially the veins of the liver, are filled with pus. Here it is supposed that the capillary absorbents have taken up the pus, and carried it through the veins into the general circulation, where it acts like a ferment upon the whole mass of the blood; investigation, however, shows that the lumen of the capillaries is not large enough to take up the pus globules; we must, therefore, assume that by some as yet unknown process these pus globules are decomposed, and that some element of pus is taken up.

Another form of pyæmia is developed in consequence of phlebitis. The veins become inflamed, the blood stagnates in them, and is changed into pus, which is washed into the circulation. Here again we must object that good pus may be introduced into the circulation by direct injection into the veins, and yet no pyæmic symptoms will follow. Professor Dalton made, last week, the following experiment for me to illustrate this point. He applied a seton to a healthy dog, and after suppuration was established he injected the pus into the femoral vein. The dog has remained perfectly healthy, no pyæmic symptoms occurring; an evidence that healthy pus is not sufficient to develop the disease.

Again, puerperal fever is essentially pyæmia; the veins of the uterus, opened by the elimination of the mucous membrane lining the organ, act as the conveyors of the poison. The disease may develop itself either spontaneously, as in some cases of suppurating wounds, the individual itself having generated the poison, or it may be brought on by contagion or by infection. Thus, an accoucheur, who has attended a case of puerperal fever, will communicate the disease to another woman in child-bed, or the puerperal woman lying in a vitiated atmosphere, where others suffer with the disease will contract it by infection. In the Lying-in Asylum, in Vienna, a destructive epidemic of pyæmia carried off a large number of women, until it found that the disease was communicated by the students from the dissecting room. In this instance the agent which generated the disease was not pus, but decomposed animal tissue. You all know the dangerous character of the smallest wounds received in dissecting. The danger here depends on pyæmic intoxication of the blood, although there is no pus; the name of pyæmia, therefore, does not convey a correct idea of the nature of the disease; it is, in fact, a septæmia, for the decomposed matter of the dissecting room will produce the disease without pus, and pus to produce it must have undergone a certain decomposition, for pus in a closed abscess without access of atmospheric air will not produce it. I do not pretend to give you the correct pathology of this destructive disease; I only want to point out to you that the name pyæmia, although it indicates some of the leading features, yet is apt to carry us to a hasty and faulty conclusion, and to lay before you a number of facts bearing upon the subject, which have all to be weighed in order to arrive at a correct appreciation. Pyæmia does not express enough, septæmia too much, as it would embrace other diseases, such as, for instance, scurvy, which do not belong here; a new name, pyoseptæmia, would parhaps convey the best idea embracing the leading features, and excluding others which are foreign to the disease.

Pyæmia, or pyoseptæmia as I think it should be called, is emphatically a blood disease, which may develop itself either spontaneously, the individual itself furnishing the poison, or by contagion, or by infection, the poison being furnished either by other pyæmic patients, or from dissecting-room poison, or from patients with erysipelas, either by actual contact or through the medium of vitiated air. That it is a blood-poisoning is evidenced by the manner of its communication, by its symptoms, namely, that it is ushered in by constitutional disturbance, rigors, vomiting, diarrhœa, etc., frequently without any change in the appearance of the local affection or wound, that it is communicated to persons without wounds and in perfect health; thus the attendants in hospital wards where pyæmia is epidemic, and in lying-in asylums where puerperal fever rages, become attacked with all the constitutional signs of the disease, which do not yield until the sufferer is removed from the influence of the poisonous atmosphere. In all these respects pyæmia differs materially from the hospital gangrene, of which I expressed to you in my last lecture the opinion, that it was a local disease; it only attacks persons who have a wound, and local treatment, that is the destruction of the affected part, will cure it, and if no new infection takes place the disease will not return. Local treatment in pyæmia affects nothing.

Against the sporadic, or, as I have called it, the spontaneous development of pyæmia where the patient develops the poison within himself, and then infects himself, we cannot guard, because we know not what circumstances or concurrence of circumstances bring about this effect; all we know is that certain wounds are more apt to produce it than others; thus wounds of the head, especially where the brain is involved, (here we find in a large proportion abscesses in the liver,) all wounds near the trunk, especially about the scrotum and perinæum, and more than any others gunshot fractures. But if we are helpless in resisting the development of spontaneous pyæmia, we are not so in preventing its epidemic occurrence. The utmost cleanliness of the wards, scrupulous attention to ventilation, and all the other hygienic measures upon which I have insisted on former occasions; avoiding as much as possible the accumulation of patients with suppurating wounds in the same ward, and not allowing a constant succession of wounded to occupy the wards, but to have the wards from time to time evacuated and thoroughly cleaned and policed. Stromeyer recommends to have always, if possible, a portion of the hospital unoccupied, so as to be able to transfer the patients from time to time to a clean ward. Do not allow the assistants who make the post-mortem examinations, to dress the wounded without a previous thorough cleaning and airing. In large hospitals it is best to detail an assistant exclusively for the post-mortem examinations, who is to have nothing to do with the wounded. Keep all

instruments and other appliances, such as sponges, etc., used in the dead-house, entirely distinct from those used in the wards of the hospital. If cases of erysipelas occur, separate them from the rest of the wounded. If in spite of all these precautions pyæmia should show itself in an epidemic form, the safest plan is to evacuate the premises, take your patients to another building, or place them in tents or shanties, and have the hospital thoroughly overhauled before you occupy it again with wounded.

Pyæmia may appear in a more or less acute form, and its danger is in direct proportion to its acuteness. In the most acute form it becomes fatal before any purulent deposits in distant parts can take place. The patient is, while apparently doing well, suddenly seized with a rigor with vomiting and diarrhœa, cold extremities and all the symptoms of collapse, and never rallies; in other forms of the disease an irregular succession of the rigors and all the other symptoms in less intensity indicate and lead to the purulent deposits, either in the large cavities or in the joints; the mildest form of the disease is where the purulent deposits take place in the cellular tissue near the surface, forming rapidly and without much previous local inflammation large abscesses, which in some instances assume a critical character, the system thus eliminating the poison. In some cases the disease is preceded by premonitory symptoms, the worst of which is venous hæmorrhage, which, although it may be but slight in quantity, indicates an obstruction in the veins above. As far as my memory serves me, I have never seen a patient recover who has had, without apparent cause, venous hæmorrhage from a suppurating wound.

The treatment of pyæmia consists in the free administration of diffusible and alcoholic stimulants, with quinine and opium. Under such a regimen some of the more chronic cases may recover; in the acute forms the stomach rejects everything. In these cases, I have found iced champagne giving the most relief; in fact, the only thing which the stomach would retain.

If any of the assistants, or other hospital attendants, manifest the constitutional signs of pyæmia, viz., prostration of strength, pale countenance, foul tongue, irregular chills, with vomiting and diarrhœa, they must for a while leave the hospital, have plenty of fresh air and quinine, and they must not too soon return to their duties in the hospital, otherwise they will have a relapse.

Marriage between Cousins.

M. SEGUIN denies that marriages of consanguinity have necessarily a tendency to produce diseased offspring. He relates the results of ten marriages which have occurred between his own family and the family of MONTGOLFIER. Eight of these marriages were between cousins-german, and two between uncles and nieces. Between 1812 and 1858, sixty-one children have issued from these unions, of whom forty-six are alive. No case of deaf-and-dumbness, of hydrocephalus, of stuttering, or of six fingers on the hand, has been observed among them. M. SEGUIN concludes that, when there exists any constitutional tendency to disease in a family, the tendency to its developement is increased in the offspring by consanguineous marriage; but that, in alliances between members of a family endowed with a good constitution, there will be augmentation of the vital forces in the offspring. This is, in fact, just what is observed in animals whose breed is improved by man. M. FLOURENS remarked on the subject, that it is always well to study long before publishing, and that nothing has hitherto been advanced on the subject of consanguineous marriages worthy of serious consideration.—*Brit. Med. Jour.*

Reviews and Book Notices.

Synopsis of the Course of Lectures on Materia Medica and Pharmacy, delivered in the University of Pennsylvania: with three Lectures on the *Modus Operandi* of Medicines. By JOSEPH CARSON, M. D. Third edition, revised, pp. 244. Philadelphia: Blanchard & Lea. 1863. Price ——

This work being simply what it purports to be, a Synopsis of Professor CARSON'S Lectures on Materia Medica and Pharmacy, is intended especially for the use of the students attending his lectures. Most of the work is incomplete without the lectures, to which it is a guide. But this edition contains three lectures on the operation of Medicines, through the medium of the Nervous System, and by Absorption, which will well repay any one for the purchase of the book.

Two of the lectures are devoted to an intelligent discussion, in the light of modern research, of the operation of medicines through the medium of the nervous system. The conclusions arrived at by Dr. CARSON are as follows:

1. Medicines acting upon the nerves are either *stimulants* or *sedatives*.

2. They produce their effects either by directly acting upon the nerves, or through the intervention of the circulation.

3. *Stimulants* impress the peripheral extremities of the nerves, inducing an excitation that is transmitted to the nerve centres in the line of cognizance of impressions, and produces reflex movements of excitation in the part acted on or in other parts and organs of the economy; or they are introduced into the circulation so as to effect the nerve centres and the nervous trunks and fibrillæ, thus operating on the organs and tissues.

4. *Sedative agents* are capable of paralyzing the extreme peripheral ramifications of the nerves, or the nerve trunks, with which they are brought in contact; but this impression is not transmitted by the nerves to the nerve centres, and induces no remote, general effects. It is necessary, that, to produce an effect upon the organs generally, they should be absorbed and carried to the nerve centres, or to the nervous structure distributed to the organs, the power of which is depressed or paralyzed.

5. The effects of stimulants are in their nature *active*, inducing rapidity and greater vigor in the functions of animal or organic life, while those produced by *sedatives* are *passive*, and are owing to the abstraction of nervous influence in the organs and tissues, whereby their functions and movements are suppressed.

6. We are ignorant of the exact reason of the dynamical influence that is exerted upon the nerves and nerve centres, be the phenomena exhibited those of excitation or of depression.

The third lecture is devoted to the subject of the absorption of medicines and an elucidation of the doctrine of endosmosis and exosmosis. A strong array of facts is presented, proving that medicines are absorbed into the system.

The work seems to be thoroughly adapted to the object for which it was published, and is issued in a very neat, substantial style, by the publishers.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, NOVEMBER 14, 1863.

PREMIUMS FOR NEW SUBSCRIBERS.

In response to frequent suggestions we have determined to offer strong inducements to subscribers to aid in extending our circulation. There is no way in which a physician can spend money to better advantage than in the purchase of books. Subscribers will add One Dollar's worth of books *to their libraries hereafter, for every new subscriber they send us with the subscription money in advance for a year*. The books will be sent by mail, postage paid.

Those who send new names will please designate any book or books they wish, provided only they are published in this country, to the amount of one dollar for each new name sent with the subscription for a year in advance.

For any effort made by our subscribers to extend the circulation of the Reporter they will be well repaid in the improvements it will give us the means of making in the work. The Reporter is already the most widely circulated medical journal by far in the United States, but we are anxious as speedily as possible to double its circulation that we may be enabled to add correspondingly to its interest and usefulness.

We print on another page a list of the more important medical books published, from which selections may be made.

THE SANITARY INTERESTS OF OUR LARGE CITIES.

The population of our country, and especially of our large towns and cities, is increasing at an unexampled rate. Indeed, we may say that in some respects this increase is fearful to contemplate. It had been supposed that one of the effects of a civil war on a gigantic scale would be to diminish the population of the country, and, as a consequence, embarrass its progress. It was supposed that the demands on the male population to recruit the armies would paralyze many branches of industry —that foreign immigration would be checked, if not entirely arrested, and indeed, that much of our resident population would seek a refuge in foreign countries, and particularly in the neighboring English province of Canada. These anticipations have fallen very far short of being realized.

True, the draft on the male population of the country has been heavy; the loss of life and the disablement of many, and the emergency that requires the presence in the field of several hundred thousand men, has subtracted largely from many of our industrial pursuits, and the effect in some regions has been a scarcity of laborers and an appreciation of wages. But, on the other hand, there has been a large increase in the growth of our population, which has tended partly, at least, to fill the gaps made by the civil conflict, and the probabilities are strong that they will soon be much more than made good. This increase comes from three principal sources, first—Foreign immigration, so far from being checked by the war, seems to have received an extraordinary impulse. We refer here to the direct immigration into our ports from Europe. It has been enormous this year—not beyond precedent, but far in advance of any single year for some years past, and the prospect now is that the coming year this immigration may be beyond precedent. Second—The indirect immigration from abroad through Canada, has been very heavy. We have lost very little population by emigration to Canada, as our Canadian friends anticipated we would, while their newspapers have been loud in their complaints that much of their immigrant population, instead of settling on their own broad and inviting fields, makes its way through to the States. Third—There has been a not inconsiderable addition to the population of the loyal States by escape from the insurgent States of hundreds and thousands who were dissatisfied with the condition of affairs in that section of the country, and the present indications are that the augmentation of population from this source will continue to increase for a time.

These facts supply food for thought and speculation to the political economist, the philanthropist and the Christian. We propose to submit to our readers a few thoughts in connection with their bearing on the sanitary interests, particularly of our large cities. The most casual observer in passing through the streets of our large cities, will notice a fact that is in very striking contrast with what prevailed two years ago, soon after the rebellion broke out. For whereas then there were hundreds of stores and houses "To Let"—now, such a bill on a house is a very rare sight, and if perchance he should desire to rent a house, he would discover that it is an exceedingly difficult thing to find one. Besides this, new houses are being built

at an unprecedented rate in all our large cities, and they find tenants faster than they can be prepared for their reception. He is a happy man now in our large cities who has houses to rent.

And just here comes in the question of special interest to medical men as sanitarians. We see population from some source, to us it is no matter what, crowding into our large towns and cities, *coming much faster than it can be properly provided for*. The eagerness to provide accommodations for this large accession to our population will certainly have a bad effect in a sanitary point of view. Capitalists will be tempted to increase their income by putting too many houses on a given plot of ground, and the neglect of necessary and obvious sanitary laws in their erection; landlords will crowd their houses with tenantry to the imminent danger of generating disease from an overcrowded population. Our municipal authorities are likely to fail, and are failing to do their part in preparing for this influx of population. Water, that *sine qua non* in a hygienic point of view, is already a scarce article in some of our cities, and a very heavy expenditure is needed to supply it in quantities adequate even to the present wants of the population. Streets are not graded, and drainage is very deficient. Municipal cleanliness too, is fast becoming a thing of the past in our large cities.

Unfortunately our profession does not occupy the position it should in our municipal organizations, and can exert little influence in correcting existing and prospective evils of the kind enumerated, other than arises from their personal and social influence. They should, however, make the most of this, and do all they can to advance the sanitary interests of our towns and cities, and avert as far as possible the dangers to which we are exposed, which are adverted to above. There is not a city on our broad continent that is not sadly deficient in sewerage, while there are few cities in the world so well adapted to thorough drainage as most of ours are.

Notes and Comments.

Return of the Surgeon-General.

It is announced that Surgeon-General HAMMOND has returned from his tour of inspection of the hospitals in the Departments of the South and the Gulf.

Judging from our correspondence, the medical officers in these Departments are disposed to repel the charge recently made in one or two of our cotemporaries, that the condition of affairs in the hospitals was so bad that no one but the Surgeon-General could rectify them. The disinterested devotion of these journals to the Surgeon-General, has led them to overleap the bounds of discretion, and to do wanton injustice to the officers having charge of medical affairs in the departments named.

The order under which the Surgeon-General proceeded to those departments was issued at a season when serious sickness was threatened, and there was nothing in it to justify the inference that medical affairs there were not properly conducted. Our correspondents protest against the Surgeon-General being "white-washed at their expense."

Physician's Hand-Book.

TOWNSEND'S Hand-Book of Practice and Physician's Visiting List for 1864, is now ready for delivery. It has been thoroughly revised, and somewhat enlarged. The work comprises, 1. A Hand-book of Practice; 2. Names and addresses of patients, etc.; 3. Record of Practice and Treatment; 4. An Obstetric calendar and record; 5. Blank pages for general memoranda, etc. A great deal of labor has been expended in the perfection of this work, and it has many features to commend it to the general practitioner, while it contains much that in our view might have been advantageously omitted.

The price of the Hand-Book is $1 25. The REPORTER for one year and the Hand-Book will be furnished by us for $3 85.

Correspondence.

FOREIGN.

LETTER FROM Dr. W. N. COTE.

PARIS, *October* 16th, 1863.

Orbital Exostosis.

I was lately present at an interesting operation by Dr. MAISONNEUVE, chief surgeon to the Hotel Dieu, who performed the extirpation of an enormous exostosis in the orbit of the eye. An exostosis in this part, you are aware, causes the organ of vision to protrude, and moreover produces a compression on the brain which may in time occasion death. The destruction of these osseous tumors has been rarely attempted by surgeons, and then only partially, for fear of breaking the bone which forms their base. They are so hard that the best tempered steel is employed in vain

upon their tissue. Thus, in one case on record, the surgeons worked five hours with gouge and mallet, and only succeeded in carrying off one-third of the tumor. In this case Dr. Maisonneuve resolutely attacked the base of the tumor, detached it in a few seconds by breaking the bone on which it rested, and then by slow degrees extracted it in a single block. It weighed 90 grammes, its vertical diameter was 52 millimetres, its antero-posterior diameter 62, and the transversal one 40. Its base presented a surface of four square centimetres.

Its tissue was much harder than that of ivory. Immediately after the operation the eye was carefully replaced in its orbit, and at present the subject, a young man of 19, has completely recovered both his health and eyesight.

Spontaneous Generation.

The question of spontaneous generation which seemed to have been set at rest last year by a decision of the Academy of Sciences, granting the Alhumbert prize to M. Pasteur, one of the most ardent opponents of the theory of spontaneous generation, is now being revived by its old advocates, MM. Pouchet, Joly and Musset, now leagued together in a serried phalanx. Starting from M. Pasteur's assertion that "it is always possible to take, in a given place, a considerable but limited quantity of common air, having undergone no kind of physical or chemical modification, and yet incapable of causing any alteration in an eminently putrescible liquid," those gentlemen, in a paper addressed to the Academy of Sciences, described certain experiments of theirs calculated to invalidate their adversary's opinion. Having on the 25th of August last ascended the Pyrenees and reached La Rencluse and the glaciers of La Maladetta with a certain number of glass receivers, each of a capacity of about one fourth of a litre, and containing about one-twelfth of a litre of an infusion of hay filtered and boiled during an hour—every particle of air having been previously expelled from the receivers—they began operations at 8 P. M., at an altitude of 3,000 metres (9,000 feet), scrupulously observing the precautions pointed out by M. Pasteur. The guides and some sportsmen whom curiosity had attracted to the spot, were requested to stand at a distance, and in order to avoid any dust from their own clothes, they held their receivers high up in the air before breaking the glass point terminating the quill of each in order to let in the air. This done, the quill was again drawn to a point at the blow-pipe, and hermetically sealed. On the following morning they penetrated into a fissure of the glacier and filled other receivers in the same way. On their return to Luchon they examined three receivers, X, Y and Z, they had left there. Z, which was hermetically closed by the blow-pipe while in ebullition, contained no organized production, but X and Y, on the contrary, one of which had been kept constantly open, and the other corked, contained immense numbers of bacteria, monads and aspergilli, but not a single ciliated animalcule. The other receivers, which had been closed at the glacier, were then opened, and found amply provided with bacteria, monads, vibrios and other animalcules—whence our authors conclude that the air of the highest mountains, though not containing any germs, will admit of the spontaneous generation of organized beings.

Canine Madness.

The generally received opinion that the disorder known as canine madness is constantly fatal, seems about to be seriously questioned. The *Abeille Médicale* publishes a letter from M. E. Debloix, a veterinary surgeon, in which he arrives at the following conclusions:—1. That a subject laboring under canine madness may die without any fit of frenzy; 2. That a subject in whom the disorder is characterized by such fits, their frequency is in the direct ratio of exterior provocation; 3. That a dog may, in a violent fit of anger, communicate the disease by a bite, and yet continue to enjoy perfect health; and 4. That there are examples which show that communicated *rabies* is capable of cure, either spontaneously, or by means of a proper treatment. The two first points were the subject of an article in a letter I sent you two weeks ago; the third is rendered probable by an observation made some time ago by M. Putegnot; as to the fourth, the cases quoted by our author seem conclusive. In the first, a dog inoculated with the saliva of a man attacked with the disease, a fortnight after displays all the symptoms of quiet madness, which, however, gradually diminish in intensity, and at length disappear entirely in the course of thirteen days, without any remedy being applied. The second case was much the same. In the third case a man and his wife were bitten by an unknown dog; a month later the man died of confirmed rabies at the hospital. Two days after his death his wife was taken ill and received into the hospital, when the physician pronounced her disorder to be rabies—nevertheless she got better, and eventually recovered. The doctor then said he had been misled by the symptoms, and that the disorder was not rabies. The question at once presents itself: What *was* it then? Either rabies has definite symptoms which may be easily recognized, or there must be a disorder hitherto unknown which has the same symptoms and yet is *not* rabies. Is it not more logical to confess at once that rabies is not always incurable? The fourth case is one reported in 1777, by the surgeon Bendon. A sow and a little dog were both bitten by a mad dog, which afterward ran away, but re-

turned two days after in a pitiable state. BENDON had it put into a cage, and for several days it presented all the symptoms of madness. BENDON then caused vinegar to boil in the cage, so as to expose the animal to the fumes. By degrees the patient got better, and at length recovered. Six days after the infliction of the bite, the sow became raging mad, a state which lasted seven hours. BENDON took advantage of a momentary respite to cause boiling vinegar to be let down into the sty. When this vinegar got cool the sow drank some and got better. Vinegar was then mixed with its food, and in the course of a few days the animal was radically cured. The little dog had no symptoms at all. It may now be asked whether these cures were spontaneous, or owing to the vinegar. At all events these cases show that there is a possibility of recovery, and M. DECROIX thinks that among all the nostrums proposed as specifics for this terrible affection, there may happen to be one of real value, but rejected on account of the preconceived opinion of the incurability of the disease.

Ergot of Wheat.

M. LEPERDRIEL, of Montpellier, proposes the employment of ergot of wheat as a substitute for ergot of rye. It is well known that serious inconveniences attend the administration of the latter remedy, from the fact that it contains a notable amount of a poisonous resinous principle. Besides it is soon injured by damp, and becomes destroyed by mites, thus rendering it in many cases not only an inert but also a dangerous remedial agent. Struck by these drawbacks to the employment of ergot of rye, M. LEPERDRIEL sought after a remedy possessing all its medicinal properties without having to the same extent its alterability or poisonous effects. These he found in the ergot of wheat, which although much rarer than that of rye, can be procured in sufficient quantity. Its color is much the same as that of rye, but differs in shape. Whilst the ergot of rye is fusiform, generally curved like the spur of a cock, and furrowed longitudinally with striæ of equal length, the ergot of wheat preserves the form of the grain which it replaces, is deeply cleft, and often even divided into two, sometimes into three, at its upper extremity. It has the remarkable physical property of resisting decay, and hence of preserving for a length of time its medical virtues. It can thus be kept many years without undergoing any alteration. It moreover contains 15 per cent. less of the poisonous principle of ergots, and yields 20 per cent. more of the efficacious principle. Such are the reasons which lead M. LEPERDRIEL to prefer the ergot of wheat to that of rye.

Ice in Sea-sickness.

Ice is recommended as a sure remedy as well as a prophylactic against sea-sickness. A traveler states that he has tried it himself with success, and that if the stewards of steamers would keep a supply of lemon water ices on board, they would profit themselves and render great service to their passengers.

DOMESTIC.

An Interesting Necropsy: Pleural adhesions: displacement of Heart and Stomach: tubercular disease of Lungs: enlargement of Liver: wound of Skull; injury to Brain and disorganization of its substance; a pint of Pus in the cavity of the Skull?

HAREWOOD HOSPITAL,
WASHINGTON, D. C., *Oct.* 1863.

W. M. W., private Co. I, 19th Georgia. Upon opening the thorax, pleural adhesions were found along the entire course of the membrane. The heart was found normal, but displaced, being thrown over to the median line. No effusion in the pericardium. The liver was found very much enlarged, pushing the stomach over where the heart should have been otherwise the stomach was natural.

No pathological changes were noticed beyond this in the abdominal cavity. The right lung was found greatly diseased, being filled with large and smaller cavities; the structure of the lung was completely infiltrated with tubercular matter. The left lung presented the same general condition as the right lung, but the tubercular matter had not progressed as in the right.

The patient having been wounded at the late battle of Fredericksburg, by a buck-shot in the frontal bone about an inch above the external angle of the right eye, producing a fracture of the bone, induced me to examine the brain. From the time the patient was admitted, December 23, 1862, he never gave evidences of any cerebral symptoms, except complaining occasionally of a head-ache; being in the full possession of all of his mental faculties until within a few hours of dissolution, when he sunk into a state of coma.

The pulmonary symptoms did not develop themselves until he had been some time in the hospital—upon examining the external surface of the skull found a stellated fracture of the external plate, and found a piece of lead—evidently a buck-shot—imbedded in the diploe and internal plate of the skull. The stellated arms of the bone had become necrosed, and were found lying loose upon the imbeded shot. Upon removing the calvaria found the internal plate fractured in the same stellated form as the external plate. The stellated arms of the bone were not displaced, but found loose.

At the point of the wound the membranes of the brain were found adherent to the bone. The entire surface of the membranes was highly congested. Upon removing the brain found the right hemisphere, especially the anterior lobe, completely filled with pus, constituting a complete sac; the left hemi-

sphere, particularly the anterior lobe, was found in a completely softened state, and containing a considerable amount of pus. Indeed, the entire nervous substance was found to be in a state of change, and contained near a pint of pus!!

Seeing the excessive amount of pathological change in the brain structure, and the entire retention of every mental faculty to within a few hours of death, the case becomes one of interest and amazement.

The patient being of a strumous diathesis, the question naturally arises how far the injury to the brain influenced the developement of the pulmonary disease?

Lloyd Doorey, M. D.,
Assistant-Surgeon U. S. A.

Army and Navy News.

Promotions and Appointments.

The following promotions and appointments in the Volunteer Medical Staff, have been made during the week:

Assistant-Surgeon Jabez Perkins, to be Surgeon.

Charles B. White, M. D., of La., to be Assistant-Surgeon.

C. F. Brisbane, M. D., of New York, to be Assistant-Surgeon.

Lincoln R. Stone, M. D., of Mass., to be Assistant-Surgeon.

E. D. Buckman, M. D., of Pennsylvania to be Assistant-Surgeon.

Ordered to Report for Duty.

Surgeon B. Beust, U. S. Vols., has been relieved from duty in the department of the South, and will report in person, without delay, to the General Commanding the Department of the Monongahela, to relieve Assistant-Surgeon J. C. McKee, U. S. A.

Assistant-Surgeon McKee on being relieved will report in person to the Surgeon-General in this city, for assignment to duty in the Judiciary Square Hospital.

Surgeon A. E. Stocker. U. S. V., will proceed, without delay to Key West, Florida, and report to the Commanding Officer of the United States forces at that place.

Assistant-Surgeon Albert Hartsuff, U. S. A., has been relieved from duty in Washington, D. C., and will repair without delay to Pensacola. Fla., and report in person to the Commanding Officer of the United States forces at that place, for duly.

Surgeon William Hays, U. S. Vols., will immediately return to Harper's Ferry, Va., and resume his duties as Medical Director 1st Division, and report by letter to the Surgeon-General U. S. Army, by what authority he left the Department of Western Virginia.

Surgeon Thomas B. Reed, U. S. Vols., has been relieved from duty in the Department of the Gulf, and will proceed without delay to Clarksburg, Va., and report in person to the Medical Director, Department of Western Virginia, for duty.

Assistant-Surgeon J. K. Rogers, U. S. V., has been relieved from duty in the Department of the South, and will proceed, without delay, to St. Louis, Mo., and report in person to the Medical Director at that place, for duty.

So much of Special Orders, No. 478, War Department as directed Surgeon H. S. Hewitt, U. S. V., to report, in person, to the Medical Director, Department of the Tennessee, has been revoked, and he will at once report, in person, to the Medical Director of the Army of the Cumberland, for duty.

Assistant-Surgeon J. S. Smith, U. S. A., has been relieved from duty in the Department of the South, and assigned to duty, in charge of the DeCamp Hospital, David's Island, N. Y.

Leave of Absence.

Leave of absence for sixty days with permission to visit Washington, D. C., has been granted to Medical Inspector C. C. Keeney, U. S. Army.

Leave of absence for fifteen days has been granted to Surgeon E. F. Bates, U. S. Vols.

Honorably Discharged.

Surgeon C. A. Robertson, 159th New York Volunteers, having tendered his resignation, has been honorably discharged the service of the United States, on account of physical disability.

So much of Special Orders. No. 319, September 3, 1862, from Headquarters, Department of the Mississippi, as mustered out of service, Surgeon Rainer Schallern, 58th Ohio Volunteers, for absence without authority, has been revoked, and he is honorably discharged the service of the United States, to date September 17, 1862, he having furnished satisfactory evidence that he was properly absent up to July 21, 1862, the date at which he returned to his regiment, for duty, and that he performed service up to September 17, 1862, the date when he received the order mustering him out of service.

Discharged.

Assistant-Surgeon John Everhart, 12th Kansas Volunteers, has been discharged the service of the United States, he having refused to appear before a Medical Board of Examination, appointed to report upon his qualifications as a medical officer.

Assistant-Surgeon E. C. DeForrest, 78th Ohio Volunteers, has been discharged the service on account of incompetency.

Dismissed.

The following officers, (published officially October 12th, 1863), having failed to appear before the Military Commission instituted by Special Orders, No. 53, current series from the War Department, within the prescribed time, the President directs that they be dismissed the service of the United States, for the causes and at the dates set opposite their respective names:—

Failing to report at Headquarters; Provost Marshal's Office, under arrest, as ordered, Surgeon William Worthington, 93d Pennsylvania Volunteers, October 12, 1863.

By direction of the President the following officers are hereby dishonorably dismissed the service of the United States, for the cause set opposite their respective names:—

Assistant-Surgeon W. D. Towner, 158th New York Vols., for conduct unbecoming an officer and a gentleman, drunkenness while on duty and violation of arrest.

Women Nurses.

General Orders, No. 351, War Department, Adjutant General's Office, Washington, October 29, 1863:—The employment of women nurses in the U. S. General Hospitals will in future be strictly governed by the following rules:

1. Persons approved by Miss Dix, or her authorized agents, will receiva from her, or them, "certificates of approval," which must be countersigned by Medical Directors upon their assignment to duty as nurses within their Departments.

2. Assignments of "women nurses" to duty in General Hospitals will only be made upon application by the Surgeons in charge, through Medical Directors, to Miss DIX or her agents, for the number they require, not exceeding one to every thirty beds.

3. No females, except Hospital Matrons, will be employed in General Hospitals, or, after December 31, 1863, borne upon the Muster and Pay Rolls, without such certificate of approval and regular assignment, unless specially appointed by the Surgeon General.

4. Women nurses, while on duty in General Hospitals, are under the exclusive control of the senior medical officer, who will direct their several duties, and may be discharged by him when considered supernumerary, or for incompetency, insubordination, or violation of his orders. Such discharge, with the reasons therefor, being endorsed upon the certificate, will be at once returned to Miss DIX.

By order of the Secretary of War:

E. D. TOWNSEND,
Assistant Adjutant General.

Applications for Artificial Limbs.

This application should be made to any of the Department Medical Directors, who, if satisfied of the correctness of the claim, will order a limb from any one of the manufacturers who are authorized to supply such limbs. The selection of the manufacturer is left to the applicant.

Proof must be enclosed that the applicant was an enlisted man at the time of losing the limb, and that the limb was lost in the line of duty. This proof, if he is still in service, will consist of certificates from his Commanding Officer, Surgeon in Charge, or any Commissioned Officer personally cognizant of the facts of the case. If discharged from the service, his discharge papers must be submitted for examination, with his own affidavit of the time, place, and manner of losing the limb, and, if possible, the certificate of his former Commanding Officer, or Surgeon in Charge.

The discharge papers will be returned to him.

Instructions as to the measurements of the limb will be forwarded by the manufacturer to the applicant.

Soldiers are not allowed to purchase an Artificial Limb and receive the commutation value thereof in money, nor will any money so expended be refunded out of the Government appropriation.

Commissioned Officers are not entitled to the benefits of the provision made by Congress for supplying "Artificial Limbs for Soldiers."

The following are the manufacturers who are authorized to supply limbs:

B. FRANK PALMER, New York, Philadelphia.

DOUGLAS BLY, New York, Rochester, Cincinnati.

E. D. HUDSON, New York.

B. W. JEWETT, Washington, D. C.

CHAS. STAFFORD, Chicago.

H. A. GILDEA, Philadelphia.

The following are the stations of the various Medical Directors to whom the applications should be made:

New York City, Surgeon C. M. MCDOUGALL, U. S. A.

Philadelphia, Pa., Surgeon JOHN CAMPBELL, U. S. A.

Baltimore, Md., Surgeon JOS. SIMPSON, U. S. A.

Washington, D. C., Surgeon R. O. ABBOTT, U. S. A.

Cincinnati, Ohio., Surgeon W. S. KING, U. S. A.

Chicago, Ill., Surgeon J. B. PORTER, U. S. A.

St. Louis, Mo., Surgeon M. MILLS, U. S. A.

New Orleans, La., Surgeon R. H. ALEXANDER, U. S. A.

Louisville, Ky., Surgeon G. G. SHUMARD, U. S. V.

REGULAR NAVAL SERVICE.

Ordered and Detached.

Surgeon J. J. Abernethy, to the naval rendezvous at New York.

Assistant Surgeon Arthur Mathewson, to the Minnesota.

Assistant Surgeon Edward Kershner, to the New Ironsides.

Assistant Surgeon Michael Bradley, detached from the Minnesota and ordered to the Naval Asylum at Philadelphia.

Assistant Surgeon James N. Hyde, detached from the Brandywine and awaiting orders.

Assistant Surgeon R. Willard, detached from the John Adams and ordered to the Catskill.

Assistant Surgeon Sam'l W. Abbot, detached from the Catskill and ordered to return North.

Surgeon Benj. F. Gibbs, detached from the naval hospital at Pensacola and ordered to the Ossipee.

Surgeon T. J. Turner, from the Ossipee and ordered to the naval hospital at Pensacola.

Assistant Surgeon F. M. Weld, from the Nantucket and ordered to the Wabash.

Assistant Surgeon A. B. Judson, from the New Ironsides and ordered to the Nantucket.

Assistant Surgeon W. T. Kemp, detached from the Navy Yard at Washington and waiting orders.

Appointed.

William Commons, of Whitewater, Ind., Assistant Surgeon in the navy.

VOLUNTEER NAVAL SERVICE.

Detached and Ordered.

Acting Assistant Surgeon Daniel McLean, from the North Carolina and ordered to the Galatea.

Acting Assistant Surgeon W. H. Mitchell, from the Wabash and ordered North.

Acting Assistant Surgeon Titus M. Coan, from the North Carolina and ordered to the Sebago.

Acting Assistant Surgeon H. J. Kimball, from the Navy Yard at Portsmouth, N. H., and ordered to the Pequot.

Appointed.

Alfred S. Laubach, Acting Assistant Surgeon and ordered to the Princeton.

Benj. T. Hamil, Acting Assistant Surgeon and ordered to the Chocura.

Revoked.

The appointment of Acting Assistant Surgeon J. E. Green.

Resigned.

Thomas H. Whitney has resigned his commission as an Assistant Surgeon in the navy.

News and Miscellany.

Military Hospitals.

There are now in the United States at least two hundred and thirty-five general hospitals for the use of the soldiers, containing about 80,000 patients. This is exclusive of the rebel military hospitals.

Convalescent Camp at St. Augustine, Florida.

It is stated that on recommendation of the Medical Director, a Convalescent Camp, or Barracks, will be established at St. Augustine, Florida, where, hereafter, all sick and convalescent officers and soldiers, requiring a change of climate "to save life, or permanent disability," will be sent.

Hospital Cars.

The Worcester Railroad Company has fitted up two cars, to run on regular trains, daily, to and from New York, for the transportation of sick and wounded soldiers. The arrangements for convenience and comfort seem to be all that could be desired. The

cots or berths are really stretchers, suspended on India rubber loops, acting as springs, and can be taken down or put up, so that patients can be removed from the hospitals or elsewhere in an unchanged horizontal position. In addition to these beds are easy seats, chairs, apparatus for the preparation of hot drinks, a supply of water and pure air, and, indeed, almost everything that could be asked for in a sick chamber.

Sulphate of Copper in Pencils.

M. Llovet uses sulphate of alumina and potass (ordinary potass alum); mixing one part by weight of this salt with two of sulphate of copper. The two salts are powdered and placed in a clay or porcelain vessel over a spirit-lamp or any other sufficient source of heat, so as to be gradually melted together. The mass, when melted, is poured into a mould, which should be of bronze, so as to prevent the precipitation of metallic copper. The pencils obtained are of a clear, bluish, green color, both internally and externally, and offer some resistance to breaking. The caustic property of the sulphate of copper remains unimpaired.—*Dublin Med. Press.*

ANSWERS TO CORRESPONDENTS.

☞ *Correspondents will please notice our reiterated request to give their full address in their communications to us. Our correspondence is very extensive, and it is necessary for us always to know the Town, County and* State *from whence their letters are sent.*

Dr. D. P. V., New Jersey.—The cost of *Barclay's Medical Diagnosis*, (an excellent work) is $2.25. For the price of most of the standard medical books consult our Premium List in the advertising pages of the Reporter.

Dr. S. L. C, Conn.—The Electro-Magnetic cautery has been used sucessfully for cauterizing the mouth and neck of the womb. We see no reason why it should not be a practical mode of cauterizing. See an article on this subject in a recent number of the Reporter by H. Lassing, M. D., of New York (Further communications on the subject from other writers, are solicited.)

Dr. J. S., Jr., Ohio.—After diligent inquiry, we fail to find a set of Pathological Plates illustrative of Tubercular Diseases of the Lungs on sale, anywhere. Lecturers and teachers generally have such plates reproduced by an artist from the illustrations found in works that treat of those diseases, or from drawings made by themselves. We will make further inquiry; we may find or hear of a set for sale.

Dr. A. H. D., Ohio.—The Medical Department of the University of Buffalo commenced its session last week. It has an excellent Faculty among whom are some of the most experienced teachers in the country. We can give you no further information as we have not seen their announcement.

MARRIED.

Bye—Keith.—September 17th, by Rev. T. G. Scott, Jonah M. Bye, M. D., of Mechanicstown, Carroll Co., Ohio, and Miss Mary E. Keith, of Hanover, Columbiana Co., Ohio.

Dunster—Sprole.—In Newburgh, N. Y., on Wednesday, November 4th, by Rev. Dr. Sprole, Dr. E. S. Dunster, U. S. Army, and Rebecca M., eldest daughter of the officiating clergyman.

Lee—Parrish.—On Thursday, November 5th, at the residence of the bride's mother, Philadelphia, by Rev. A. J. McConomy, Ass't Surgeon Charles C. Lee, U. S. A., and Miss Helen Parrish, daughter of the late Dr. Isaac Parrish.

Masee—Robertson.—In New Haven, Conn., on Wednesday, November 4th, by Rev. E. L. Drown, Edward A. Manice, of New York, and Phebe M., daughter of Dr. John B. Robertson, of the former place.

Shese—Hull.—October 7th, in the Moravian Church at Litiz, Lancaster Co., Pa., by Rev. Edmund de Schweinitz, Pastor Loci, Dr. John H. Shese, and Miss Laura, eldest daughter of the late Dr. Benjamin Hull.

DIED.

Bladen.—At Washington, D. C., October 29th, Dr. William T. Bladen, Surgeon, U. S. A., in the 36th year of his age.

Emmons.—At his plantation, Brunswick Co., N. C., October 1st, Ebenezer Emmons, M. D., formerly a citizen of Albany. Some ten years ago Dr. Emmons was appointed by the Governor of South Carolina to make a Geological Survey of that important State. He was engaged in the duties of his office when the Rebellion broke out, and has been detained in Carolina ever since.

METEOROLOGY.

November	2,	3,	4,	5,	6,	7,	8.
Wind.....	N. W.	S. W.	W.	W.	S. W.	S. W.	N. W.
Weather....	Clear.	Clear.	Clear.	Clear.	Clear. Hurricane.	Clear.	Clear. Sho'r.
Depth Rain...							
Thermometer							
Minimum.....	33°	32°	40°	41°	43°	36°	39°
At 8 A. M.....	39	58	50	52	55	50	52
At 12 M.....	50	61	55	65	59	55	55
At 3 P. M.....	53	61	56	67	58	56	53
Mean.....	43.7	53	50.2	56.2	53.7	49.2	49.7
Barometer.							
At 12 M.....	30.4	30.1	30.3	29.9	29.8	30	30

Germantown, Pa. B. J. Leedom.

VITAL STATISTICS.	Philadelphia. Week ending November 7.	New York. Week ending November 9.	Baltimore. Week ending November 9.	Boston. Week ending November 7.	Providence. Month of September.
Popl'n, (estimated.)	580,000	950,000	240,000	180,000	52,000
Mortality.					
Male	136	242	49	38	65
Female	130	186	50	46	62
Adults	144	216	40	43	56
Under 15 years	116	207	58	41	67
Under 2 years	71	134	42	37*	48
Total	266	428	99	84	127
Deaths in 100,000	45.86	45.05	41.25	46.66	244.23
American	185	266	...	54	105
Foreign	64	162	...	30	22
Negro	18	3	11	2	2
Zymotic Diseases.					
Cholera, Asiatic	...	...	...	...	...
Cholera Infantum	1	3	2	2	15
Cholera Morbus	...	..	...	2	...
Croup	18	29	7	10	1
Diarrhœa	5	6	1	4	8
Diphtheria	9	15	5	2	2
Dysentery	2	4	...	...	23
Erysipelas	2	2	1	...	1
Fever, Intermittent	...	...	3	...	...
Fever, Remittent	1	...	...	...	...
Fever, Scarlet	5	16	2	...	...
Fever, Typhoid	13	19	1	2	4
Fever, Typhus	2	3	...	...	1
Fever, Yellow	...	...	...	...	...
Hooping-cough	...	6	6	...	3
Influenza	...	...	...	...	...
Measles	...	1	...	...	1
Small Pox	...	1	2	...	...
Syphilis	...	...	...	1	...
Thrush	...	...	...	...	...
Sporadic Diseases					
Albuminuria	1	10	...	...	...
Apoplexy	2	8	...	...	1
Consumption	41	70	17	12	16
Convulsions	8	31	4	2	3
Dropsy	5	22	2	3	3
Gun-shot Wounds	2	2	...	...	...
Intemperance	3	3	...	1	2
Marasmus	12	40	...	2	2
Pleurisy	...	...	...	1	...
Pneumonia	7	34	3	5	3
Puerperal Fever	...	...	...	...	1
Scrofula	1	...	2	...	1
Violence and Acc'ts	8	11	...	3	5

* Under 5 years.

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MEDICAL AND SURGICAL REPORTER.

No. 366.] PHILADELPHIA, NOVEMBER 21, 1863. [Vol. X.—No. 30.

Original Department.

Communications.

THE PATHOGENY OF STRABISMUS.

By Dr. F. C. Donders,

Of Utrecht.

Translated from Archiv für Ophthalmologie Bd. ix. 1, for the Medical and Surgical Reporter,

By A. Metz, M. D.,

Of Masillon, Ohio.

(Continued from page 373.)

III.

Strabismus Divergens.

"Divergent strabismus, as a rule, is connected with myopia. In the beginning of my statistical investigations, the connection between *strabismus convergens* and hypermetropia was not more doubtful; yet I was far from suspecting that *strabismus divergens* stands equally in as close relation with myopia. Systematic investigations brought this first to light.

"The kind of connection, however, is not alike in both cases. When hypermetropia brings about *strabismus convergens* it does it through the power of the act of accommodative effort demanded by the anomalies of refraction. When *strabismus divergens* is found in connection with myopia, then are the anomalies of refraction as such, it is true, not without their importance in the matter, it is still the anatomical basis that presents itself as the cause; I mean the expansion and altered form of the eyeball;—when exceptionally the myopia is dependent on the diminished curvature of the corneal semi-diameter (*vermindertem Krummungs halbmesser der cornea*), then there is no strabismus to be looked for. Arlt has shown by anatomical investigations that myopia, as a rule, originates from the expansion of the membranes of the posterior segment of the eyeball, and lengthening of the optic axis. This important fact is now universally acknowledged as true. In myopia, all the diameters of the bulb are increased, and generally most in the direction of the optic axis. The consequence is that the bulb of the eye approaches in form an ellipsis, the longest diameter of which is the optic axis. The larger diameters in general impede the freedom of motion, and especially the ellipsoidal form, which by turning around the small axis in an equally formed cavity, and by the change of form thereby demanded, offers great resistance. Moreover the centre of motion* does not only increase its distance from the anterior surface of the eye, but also from the posterior. Its position otherwise is not unfavorable. In the investigations made conjointly by myself and Dr. Doyer, it was ascertained that the centre of motion is behind the middle of the optic axis, and in this manner, that the part of the optic axis anterior to the centre of motion holds the relation to the part posterior to this part of 15 to 11. Nearly the same relation was found in the longer axes of myopists; the optic centre lies here also further from the posterior surface of the eyeball. The excursions are also, for equal grades of rotation, larger, and the turning is necessarily limited. This limitation would be still greater were it not for the disproportionate expansion of the outer back part of the segment, the optic nerve entrance pushed inward and considerably less removed from the centre of motion."

Aside from all other considerations, the lengthened eyeball sufficiently accounts for the existing restraint, which affects the motion inward as well as outward. This is so common in myopists that in seventeen eyes nine could not turn sufficiently to permit Donders to determine, without change, by his method, the centre of motion (*Drehpunct*) of the eye, which only requires an excursion inward and outward of 28°. The limited motion has no other bad result, only that binocular vision demands the turning of the head, which is always necessary when using glasses. But the insufficiency of motion inward has other more important results, which will be successively considered, so that at last it will be seen that absolute divergent squinting follows.

By insufficiency of motion inward is understood when the optic lines cannot be brought to cross at

* *Drehpunct* in German. Pilz defines it, "The bulb must be considered as a ball revolving around a fixed, motionless point (*Drehpunct*) situated nearly in the middle of the organ, the motions of which are not changes of place, but merely a rotation around this point."—*Translator.*

a distance of 2″ 5, by which they cut each other at an angle of about 51°. In high grades of myopia this insufficiency prevails almost without exception. A two-fold cause is given. In the first place, the motion, as we have seen, is lessened by the expansion and alteration of form of the eye, and the restriction is so far positive. In the second place, in order to have the optic lines cross each other at the distance of 2″ 5, from the small size of the angle *a*, the corneal axes must be brought to a stronger convergence than in emmetropic eyes. It will thus be seen that the motion inward, if not absolutely restricted, must be so at least relatively.

The insufficiency here spoken of leads in some cases to fatigue in seeing, when the occupation demands for a long time a certain degree of convergence (*asthenopia muscularis*).

Donders observed cases in which seeing took place with both eyes at first, but after fatiguing the eyes the one would turn aside, and the labor thus would cause less distress; in other cases, however, the deviation was obvious and followed by fatigue and uneasiness. The latter cases occur when the myopia is relatively slight, and when beside the resistance of the eye there is a certain weakness of the muscles, not merely insufficient motion, but true inefficiency of the *musculi recti interni*. By this turning aside with continued exertion, *relative strabismus divergens* is brought about. At greater distance the optic lines are well directed; by close work only one eye is used.

The relative divergent squinting is here regarded as the result, and in a certain measure as a further development of insufficient motion inward. Up to a certain point this is correct. In attempting to determine relative squinting then, we perceive that it is inseparable from high grades of myopia, and that if there was no restriction of motion that it would nevertheless exist. Relative divergent squinting is present whenever the acuteness of vision demands the nearness of the object so as to exclude binocular vision. It is also present in unrestricted convergence, as soon as the furthest point of distinct vision lies nearer to the eye than the point reached by the strongest convergence. In this sense, for example, by m.$>\frac{1}{2\cdot5}$ there is necessarily relative divergent squinting; one eye certainly does (cases of *strabismus convergens* excepted) when there is good sight without glasses, and is always turning outward.

Relative divergent squinting then may exist on the one hand with considerable inefficiency of the *musculi recti interni* altogether without myopia, and on the other side in high grades of myopia without any muscular deficiency. It presents itself only in its most decided forms, when myopia and muscular deficiency are combined. Myopia is our point of departure. When myopia is wanting then the inefficiency leads to *asthenopia muscularis*, and is seldom developed into *strabismus divergens*. When myopia is present, then a number of causes combine to produce *strabismus divergens* at least relatively, and thus prevent the *asthenopia muscularis*. Myopia demands more convergence of the optic lines from the fact that objects are seen nearer the eye; and in consequence of the myopia, the convergence is more difficult for two reasons, first, on account of the restricted motion, and second, on account of the altered direction of the optic lines (the smaller angle *a*). It is thus rendered clear that relative divergent squinting proceeds from myopia. In addition, the necessity of binocular vision and the horror of double images are here no important counterpoise. It is mostly a small object that the myopist desires to see distinctly; he approaches it close to the eye he wishes to use, the other eye being directed on distant objects, which, in consequence of the myopia, it presents diffuse and but slightly disturbing images. If now in seeing with the turning aside of one eye, so there is otherwise a less desire of convergence, as thereby at the same time the distance from the furthest point of vision becomes smaller, and the object is still brought nearer to the eye. It is in difficult convergence that associated exertion of accommodation becomes especially irksome.

The conflict between binocular vision and relative divergent strabismus is often witnessed in progressive myopia. The increasing fatigue soon yields to squinting. For example, reading begins binocularly, but after a time the one eye turns involuntarily and unconsciously aside, so that complaint is made that one side of the page is pushed over on the other. Many transitional symptoms may be observed. If the object be brought more and more near, then the convergence is increased almost to its maximum. If the object be kept near, then the one eye turns aside the more rapidly, the nearer it approaches the maximum of convergence. It immediately turns aside when the object is brought inside of the convergence maximum. The same happens when by strong convergence the one eye is covered with the hand. If the hand is removed the deviation will nevertheless continue. Even when the object is brought nearer to the eye, whilst the other eye is covered with the hand, it is seldom that it is brought to the necessary convergence. The exertion at greater distance to retain commenced binocular vision, is the condition under which the convergence takes place; by complete, stable, relative divergent squinting it does not occur. As transition, it is observed that it stays away on exhaustion and recurs after recruiting by rest.

"On the transitional line between the changing and permanent relative divergent squinting, there

is another important practical condition to which I heretofore referred. It is this: there is yet an inclination to convergence, as is seen by bringing an object nearer; but even before the distant point of vision is reached, or at least soon after, the one eye already turns to one side. If concave glasses are now used so as to bring the binocular far point to 8″, 10″ or 12″, then seeing again takes place with both eyes. Under such circumstances the complaint of fatigue is heard, and investigation teaches that it is not the exertion of accommodation that causes it, but the demanded convergence even when it is relatively trifling. As a consequence, *asthenopia muscularis* is concerned, when, in order to render possible binocular vision, it is necessary to use concave with prismatic glasses. In these cases it is clear that the cause of relative divergent squinting only rests in the restricted motion inward, whilst the struggle to bring about binocular vision may continue undisturbed. It is only in absolute divergent squinting, as we shall see, that it frequently is relieved."

It has thus been shown that in progressive myopia the struggle for binocular vision is ordinarily vain. There are exceptions to this. GRAEFE says "A powerful united action of the *recti interni* belongs to relative normal short-sightedness," (Archiv. f. Oph: iii. S. 309.) He considers it a pathological condition when the increase of force in the internal muscles is not harmoniously developed with the increase in the refracting condition (of myopia). Sometimes, even in high grades of myopia, the optic lines may be held properly directed on near objects, without painful tension. This may be from favorable alteration of form of the eye, or from original or acquired preponderance of power of the internal muscles. This is mostly at the cost of motion outward, and restriction of motion outward is never absent, and it may reach such a high grade that the optic lines when seeing distant objects cannot be brought to parallelism, and relative convergent squinting then exists. It happens also that the convergence may be insufficient, when we have the singular combination of relative divergent squinting by seeing objects near, with relative convergent squinting by seeing at a distance, whilst there is at medium distance a certain space left for binocular vision. It reminds us of the combination of myopia with presbyopia. But all this belongs to the exceptions. The rule is that the facility of convergence does not keep step with the developement of the myopia, and that very soon relative divergent squinting is observed. Investigations prove that myopia soon restricts motion inward, whereas outward motion does not suffer in this way; that the optic lines can be brought to a greater divergence by the use of a prism, than in persons not myopic.

Absolute divergent strabismus is characterized by divergence of the optic lines at a distance. In seeing near objects the divergence sometimes remains unchanged. Sometimes it diminishes and a convergence takes place, which is however insufficient. Binocular vision at any rate is excluded. DONDERS noticed a few times that seeing at a great distance divergence took place, which, on lessening the distance a few feet would give place to convergence, which is only momentary, however; the fact is worth observing. The explanation may be that binocular vision has more significance for the perception of near than for far objects. At first, divergent strabismus is usually slight and increases but slowly. At times it remains at a trifling grade for a lifetime. It is suspected that the highest grades of strabismus have not seldom another origin than simple myopia.

It is only to the absolute that the name of squinting is usually given. In this sense it is less frequent than *strabismus convergens*. If in addition the other causes of squinting are deducted, as paralysis, or inflammation of the muscles, cramp, or congenital anomalies, then myopia does not hold so important a relation to divergent squinting as hypermetropia does to convergent squinting. Myopia is found in two-thirds of the cases of absolute divergent strabismus. If we add the relative divergent strabismus, then it is more frequent than the convergent, and myopia is found to be present in ninety per cent. of the cases of the former. Convergent strabismus is usually seen early in life, in childhood; divergent strabismus is seen in later years. The fact rests on the cause of the origin; myopia is progressive.

As a rule, though absolute divergent strabismus is developed from the relative, it is yet far from common for the absolute to follow the relative. The converse is the exception. As the majority of hypermetropists do not have convergent squinting, so we find a majority of myopists with relative divergent squinting, out of which the absolute is not developed. The question also follows, What collateral conditions are essential to develope the true absolute divergent strabismus?

First then, why, as a general rule, does the relative deviation have a tendency to the absolute? Relative divergent squinting causes, at least in seeing near objects, different images on both *maculæ lutæ*. The necessity of unity of impressions, the striving for single, binocular vision must as a general thing be weakened. A certain beginning convergent deviation immediately reaches a high grade, as the patient yields singly to the contractions of the muscles—perhaps also unconsciously to separate further the double images, and perhaps also to avoid the fatiguing convergence associated with accommodation, and thereby remove further

from the eye the far point of vision. For example, in blindness of one eye, the inner straight muscles are no longer made tense to accomplish binocular vision at close distance, so they will soon not act sufficiently for want of energy, and *strabismus divergens* is the ordinary result. Relative divergent squinting also soon leads to want of proper action, also the result of diminished energy. Here then we have two important facts meet: diminished aversion to double images, and diminished power of the inner muscles; and it need not seem strange that soon in seeing at a distance their action will no longer be adequate. Sooner yet in myopists this must occur, in whom the angle *a* is peculiarly small, and consequently seeing at a distance demands a less divergence of the corneal axes than in emmetropists. When the action of the inner muscles is once weakened, then must the exertion necessary to overcome divergence easily bring nearer to the eye the far point of vision, and render the retinal images of distant objects yet more diffuse, and instinctively the exertion ceases. Here then we have without doubt, the formation of absolute divergent strabismus illustrated. Now then we will reverse the question and ask, Why is it that not every relative divergent squint leads into the absolute?

Absolute divergent squinting in high grades of myopia is also quite common, much more so than at first believed. Trifling grades pass unnoticed, when even the optic lines diverge, the corneal axes show no special divergence, less than in hypermetropists not squinting; it is only by covering the well directed eye with the hand that it becomes manifest that the optic lines of the other eye are directed too much outward. But further, in reply to the question asked.

The cause consists in part in the forced retention of binocular vision. Even when in consequence of relative divergent squinting, the struggle for identical impressions on both *maculæ lutæ* and other corresponding points is weakened, it is still not extinct. This struggle alone sometimes opposes the deviation. In many cases the eye behind the covering hand turns itself out, and on the removal of the hand it resumes its proper position. And when the deviation remains absent, it is only necessary to convince us of this struggle, to place a weak prismatic glass with the refracting surface toward the nose, and immediately the prism corrects the convergence. Only in the highest grades of myopia, in which a strongly marked object does not make an identical impression, is it that this experiment fails to call forth the convergence. From this we infer that acuteness of vision is not an absolute condition in order to see and retain singly.

We further seek for the cause of the absence of absolute strabismus in the restricted mobility of the eyes, not only inward, but sometimes the ellipsoidal eyeball of myopists interferes with the turning outward also. This hindrance may extend so far, as that, as before remarked, in far seeing we may have relative convergent squinting, and in near seeing relative divergent squinting. When even it does reach this grade, so it still hinders a free turning outward, even should binocular vision demand it.

Here we are just as we were in convergent strabismus, different impelling and opposing forces arrayed against each other, and it is indeed difficult to say in what conditions the overbalance will fall on this or on that side.

We must consider, first, circumstances that demand motion outward; second, such as take away the value of binocular vision. To the first we attribute original overbalance of the outer straight muscles of the eyes, greater than the ordinary displacement of the optic lines resulting from myopia (unusually small or negative value of the angle *a*), and further, favorable form of the eyeball for outward motion, and prominence of the same. As to the second, we can enumerate diminished acuteness of vision of one eye, and above all difference in the refraction of the two eyes. This latter is an influential fact. When the difference of refraction is great, the one eye strong, the other hardly myopic or even emmetropic, then it is perhaps the rule that in seeing at a distance, the myopic eye is turned outward. These cases present a peculiar kind of *strabismus divergens* which unconditionally deserves to be thoroughly investigated and described by itself. Sometimes, especially in the beginning, the squinting is inconstant, and shows itself only after fatigue or in certain mental conditions; in other cases, even when strongly developed, it can be overcome by the will in near seeing for a short time, yet not without fatigue and without advantage to sight. It happens also sometimes that one eye is used for far seeing and the other for near seeing. Mostly each judges correctly, as it sees independently, notwithstanding that the object is seen with the one eye larger and with the other eye smaller. We can readily discover that in these cases binocular vision is not worth much; and that in seeing ordinary objects at a great distance, the double images are hardly observed, and that the strongly myopic eye readily turns aside; and that the restricted motion here only concerns the one eye, and a relative turning outward is rendered more easy; and finally, that as soon as there is demanded an exertion of the *musculi recti interni* to prevent divergence of the optic lines, that the same therefore will have to fail as the slightly myopic or emmetropic eye, which at a distance sees rather

distinctly, in consequence of the associated exertion of the accommodation, immediately perceives less acutely.

In closing his article, Professor DONDERS refers briefly to what authors had previously said on this subject, which want of space excludes. I had intended only to prepare a brief abstract of this interesting article, but the style of the author hardly admits it. He says very little not essential to the full comprehension of the subject he discusses. After reviewing what BUFFON, MUELLER, BOHM and RUETE have written on this subject, he thus concludes:

"On the whole, the satisfaction is small in consulting the rich literature on strabismus with reference to its causes. Particularly was *strabismus divergens* treated in a very step-mother-like manner for a long time. A distinction according to its forms is not to be found, and where the causes of strabismus are discussed in general, all seems to refer to *strabismus convergens*. It remains only for me to refer to the writings of VON GRAEFE with reference to inefficiency of the inner straight muscles, in which we find numerous modifications of the partial transition to *strabismus divergens*, and which VON GRAEFE has also noticed. He talks thus in his last treatise (Archiv. f. Oph: Bd. viij. Abth. 2): "According to the distance of the objects seen, the inefficiency may be defined as variable, dynamic divergent squinting, which at times is overcome by the struggle for single vision." When we consider, as GRAEFE has already declared, that in myopia this impulse must exist, then it seems as if, under certain conditions, the developement of absolute divergent squinting from myopia was already visible before us.

"So it is! The contrast is indeed striking:

Hypermetropia causes accommodative asthenopia, which in an active manner is overcome by convergent squinting.

Myopia leads to muscular asthenopia, which in a passive manner passes into divergent squinting."

Hospital Reports.

PHILADELPHIA HOSPITAL, *Nov.*, 1863.

SURGICAL CLINIC OF DR. D. HAYES AGNEW.

Reported by *Dr. Josiah Reeve*, Jr.

Bromine in the treatment of Sloughing Ulcers.

GENTLEMEN: I bring this man before you to illustrate the beneficial effects of Bromine in the treatment of sloughing sores. Personally, I have had little experience with it, but the success with which it has been used in certain military hospitals has been such as to induce every thinking man to give it a fair trial. This man, as you see, has a great cavity in the perineum: it is literally all sloughed out, exposing the spongy portion of the penis and the triangular ligament. This began four weeks ago in the form of a small sinus about three inches in length, which was laid open before you, as you well remember. From that time until within the last few days it has been rapidly increasing in size, in defiance of nitric acid, nitrate of silver, sulphate of copper, and other similar applications. Five days ago a solution of equal parts of bromine and water, and sufficient bromide of potassium to make the solution complete, was applied, the parts being thoroughly saturated every morning for three days, and warm water dressings used in the interval. After the third application the slough began to separate, and now you see granulations of a healthy character, are springing up. The constitutional treatment consisted in the administration of quinia and iron, with the best diet of the house, also four ounces of brandy daily. The local treatment at present is gently stimulating—the sore being packed with lint saturated with a weak solution of nitric acid, namely, three drops of nitric acid to an ounce of water. The man's general health is much improved, and he is in a fair way to recover.

Fractured Ribs.

This man states that one week ago he received a blow upon his right side from a passing car, and that since that time he has been suffering very much from pain in the side, of a sharp, gritting character, and from a short, dry cough, as I proceed to examine the side, by passing my fingers over the ribs, I find no deformity, but by pressing with my thumbs—one upon the sternal, and the other upon the vertebral extremity of the eighth and ninth ribs, I discover marked crepitus, thus proving the existence of a fracture. The floating ribs are seldom fractured because of their mobility, being attached at only one extremity, and also enveloped in muscles. The cough in this case arises from the broken extremities of the ribs, irritating the pleura or the intercostal nerves. The treatment in fracture of the ribs consists in the application of a tight roller round the body—applied from below upward—or in the application of adhesive straps, which method I prefer. The straps should be two inches wide, and long enough to reach from the spinal column to the sternum, and applied in a line parallel with the ribs and not transversely, for, we should in that case have the force used in the wrong direction. This dressing need only be renewed four or five times, as it requires but four or five weeks for perfect union to take place.

Hydrocele.

This man comes before you with a tumor of the scrotum, of the nature of which I have not fully satisfied myself. The occupation of the man, which is that of an aeronaut, would naturally expose him to accidents involving these parts, having, as he states, several times been obliged to ride for fifteen or twenty miles astride of a rope. Now the question is, what is this tumor? It may be hernia, swelled testicle, hematocele, or hydrocele. I first notice the general shape and appearance of the tumor, which is that of hydrocele, being pear shaped, but this is a point of minor importance, being present in other diseases. If it were hernia I should expect, when I grasp it and the patient coughs to feel an impulse given to the tumor, but I feel none; this added to the history of the case, which is that the swelling began in the lower part of the scrotum, leads me to believe that it is not hernia. By examining the tumor more closely I find the testicle at the bottom

of it, which is the point assumed by it in hernia. In hydrocele it is generally found more in the posterior part of the scrotum, and some distance from the bottom, but you will remember that in the last case of hydrocele I had before you it was at the bottom, so that its position is no certain guide in the diagnosis. By grasping the tumor and tapping it with my finger I discover marked fluctuation, but this is also deceptive, for it might depend upon hæmatocele, or the fluid in the sack of a hernia. The test by transmitted light is considered a very important one, but it also has failed in this case, as it does in all cases where the tunica vaginalis testis is thickened, or the fluid opake. In this case the tumor appears perfectly opake. There is but one infallible method of diagnosis, and that is by the exploring needle, which, when introduced, will give us a few drops of fluid, if such there be. You see fluid escaping now along the grove of the needle; if there should have been none the introduction of the needle would have inflicted no injury upon the patient. The treatment of hydrocele is both palliative and curative; in this case I shall only make use of the former on account of the patient desiring to leave the house immediately. The operation consists in simply introducing a trocar armed with a canula, and withdrawing the fluid, which is generally of a pale, straw color. This is done, as you see, by grasping the tumor with the left hand, taking care that the testicle is out of your way, then introduce the trocar perpendicularly through the skin. When it reaches the tunica vaginalis, it should be directed upward, thus making a valvular opening, and the fluid escapes through the canula. I shall say nothing at present about the radical cure of the disease, for I shall have cases before you this winter which will demand such treatment. In cases like the present one, where the tunica vaginalis is so thickened and the testicle exquisitely tender it would be improper to use stimulating injections in order to cure the disease permanently.

Hypertrophic tumor of the Labium.

L. A., aged 28 years, was brought before the class, with her consent; on account of a hypertrophic tumor of the left labium majorum. The patient has had the swelling for more than a year, and though, at first being small, it did not interfere with her comfort, of late it has become a source of great annoyance, from its great size, and from the pain which it causes her when performing her active duties. About two years ago a similar tumor was removed from the opposite side, affording great relief—it has not recurred. The labium was several times its normal bulk, dense, and elastic. No assignable cause could be traced from the history of the case.—Excision of the mass was determined upon, and was performed by making elliptical incisions from above downward, thus excising a portion of the integument. The fibrinous mass was dissected out, the larger vessels ligated, and the parts approximated by several interrupted sutures of lead wire. Cold water dressing was applied and retained by the spica of the groin. This class of tumors of the labia is generally of a fibrous character; not malignant or recurrent. Excision is the only radical cure.

Jefferson Medical College,
October, 1863.

Surgical Clinic of Prof. S. D. Gross, M. D.

Reported by Dr. J. Gordon, Macon, Ga.

Internal Hemorrhoids.

James C. C., 61 years of age, wood-sawyer by occupation, Altona, Pennsylvania. The disease had existed for upward of 30 years, causing considerable pain and a feeling of stuffing in the ano-rectal region with occasional hemorrhage of an alarming character.

An examination being made, six hemorrhodial tumors of unusually large size were discovered, situated a few lines above the verge of the anus and grouped closely together, of a soft spongy, erectile and elastic character, diminishing under pressure but regaining their former volume the moment the tension was removed.

Dr. Gross performed the operation of strangulation; each tumor being drawn down by a tenaculum and tied with a stout well waxed thread of saddler's silk, secured with a double knot, and the ends cut off close to the surface. The operation being over, the patient was put to bed in the College Hospital, and a full anodyne given to relieve pain and paralyze the bowels. No untoward symptom arose, the bowels remaining locked up until after the ligatures came away, as they did on the sixth day after the operation, and the patient is so well that he will be able to return to his home in a day or two fully relieved of his annoying disease.

Caries of the Foot.

Aaron G., 46 years of age. The patient, a German, of a strumous diathesis, noticed a swelling on the outer side of his right foot about 4 years ago, at the same time his health, which had previously been good began to fail, his appetite to decrease, and his sleep to be troubled. In this condition he remained for upwards of a year, when an opening occurred spontaneously in the affected surface, discharging a thin, ichorous, fetid fluid, so irritating as to erode the parts with which it came in contact.

When brought under notice the disease had become chronic in character and therefore most favorable for an operation. Chloroform having been administered a free incision was made and the diseased structure removed by means of the gouge and bone drill. The canal was then well washed out with the syringe in order to effect thorough clearance; the bleeding from the osseous tissue was considerable, but soon ceased under the application of cold water dressing. A tent was introduced for the purpose of promoting granulation from the bottom. A full anodyne was given to relieve pain and promote sleep. Since then everything has gone on in the most favorable manner and granulations of a healthy character are springing up.

Pott's Disease of the Spine.

Caroline W., 3 years of age. In this case the disease was of short standing, with but slight curvature, and Dr. Gross remarked that if the injunctions of the physician and not the cries of the child were obeyed there was every probability of a good cure. The actual cautery was then applied a little above the seat of the curvature, making an eschar about the size of a twenty-five cent piece, after which a towel soaked in cold water was employed for six hours when the permanent dressing, a flax-seed poultice, was substituted.

In addition to the issue, Dr. Gross ordered perfect recumbency upon a trundle-bed until the disease shall be ended, the child not being permitted to get up for any purpose whatever. The period required for a cure will vary from three to twelve months. Her diet is to be plain and simple but nourishing; a drachm of cod liver oil is to be taken thrice a day, and attention paid to the bowels and secretions.

Effect of Sugar and Tobacco on the Teeth.

The effect of sugar and tobacco on the teeth was discussed at a congress of German Surgeon-dentists recently held at Frankfort. The congress decided in both instances, that the articles, when taken in a pure state, and not in immoderate quantities, are not injurious.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, NOVEMBER 21, 1863.

PREMIUMS FOR NEW SUBSCRIBERS.

In response to frequent suggestions we have determined to offer strong inducements to subscribers to aid in extending our circulation. There is no way in which a physician can spend money to better advantage than in the purchase of books. Subscribers will add ONE DOLLAR'S WORTH OF BOOKS *to their libraries hereafter, for every new subscriber they send us with the subscription money in advance for a year.* The books will be sent by mail, postage paid.

Those who send new names will please designate any book or books they wish, provided only they are published in this country, to the amount of one dollar for each new name sent with the subscription for a year in advance.

For any effort made by our subscribers to extend the circulation of the REPORTER they will be well repaid in the improvements it will give us the means of making in the work. The REPORTER is already the most widely circulated medical journal by far in the United States, but we are anxious as speedily as possible to double its circulation that we may be enabled to add correspondingly to its interest and usefulness.

We print on another page a list of the more important medical books published, from which selections may be made.

CORONERS.

There are some important offices that are often very improperly filled in this country. One of these is that of Coroner. No one we presume will question the propriety of always placing a medical man in that office. Its duties require, for their proper and economical performance, a knowledge of medicine, and especially of anatomy, on the part of the incumbent of the office. Post mortem examinations are frequently necessary, and questions often arise involving a knowledge of the properties, doses and actions of medicines. Medico-legal investigations have also frequently to be entered into. In fact there is no part of the duty of a Coroner that does not necessarily involve medical questions. A Coroner's jury is *de facto* a medical court, and should at least be presided over by a medical man. And he should be competent in the first place to summon a jury with sufficient intelligence to comprehend the case in hand; secondly, to enlighten its members on questions that may be developed in the course of the investigation; and lastly, with a judgment capable of distinguishing cases requiring a thorough medico-legal investigation, and of selecting the experts needed in such an emergency.

Unfortunately, with us, the office of Coroner is an elective one, and the principal qualification of the candidate has usually had a political, rather than a professional signification. He has been selected with a sole view to his ability to "run" well, and to the influence his name will have on the party ticket. Good medical men are seldom politicians, so that they are usually left out of the calculation entirely for the office of Coroner when the ticket is made up. The consequence is, that responsible and highly important office is more likely to be filled by a tavern keeper, a cobbler or a butcher, than by a medical man. A further consequence is a mockery of justice on every occasion where an inquest is requisite.

As a measure of economy, it would be policy to elect intelligent medical men to the office of Coroner. Where this officer is not a medical man he is often compelled, at an additional expense to the community, to call in medical advice in many very simple cases, and from his previous associations he is apt to select persons of questionable ability as his advisers.

It is very desirable that this important office should be withdrawn from the arena of politics, and that intelligent, high-toned medical gentlemen should always be elected, or rather appointed to it. At a recent election in this city, a medical man of respectable standing was elected Coroner, and we trust that the case will be a precedent, and that while the office is an elective one the political parties will see the propriety of selecting competent, respectable medical men as candidates to fill it.

"BE COURTEOUS."

To no class of the community is the apostolic injunction at the head of this article more applicable than to medical men. In the society in which he moves—and he moves in all classes of society—he should be a pattern of politeness, courtesy, gentility and good breeding. True gentility is consistent, the same under all circum-

stances, influencing its possessor in his bearing toward all classes of society. It will restrain him from falling into many of the vices and bad habits which beset so many to their manifest disadvantage. The truly courteous physician will, for instance, avoid falling into such doubtful habits as the use of tobacco, to say nothing of intoxicating drinks; for a breath redolent of such things is totally unfit to carry into the presence of any sick person, especially if the person should be a lady. And this is the smallest objection that can be named against the use of the articles in question. We are perfectly aware that in these remarks we tread on many a reader's toes, and we do not care to tread lightly, either, for the evils adverted to are crying ones, and unbecoming and disgraceful to our profession. A medical man's brain should be clear, and his breath sweet, when he approaches the bedside, or comes into the presence of a patient.

This is a trite subject, one that is descanted upon in our text books and in the lecture room, but it is of sufficient importance to warrant repetition. We will conclude this branch of it with some apt quotations from the pen of the versatile and gifted Dr. O. W. Holmes.

"Be gentle, then; though Art's unsparing rules
Give you the handling of her sharpest tools,
Use them not rashly—sickness is enough,—
Be always "ready," but be never "rough."
* * * * * * * *
Kindness—untutored by our grave M. D.'s,
But Nature's graduate, whom she schools to please,
Wins back more sufferers with her voice and smile,
Than all the trumpery in the druggist's pile.
Once more, be quiet;—coming up the stair,
Don't be a plantigrade, a human bear,
But stealing softly, on the silent toe,
Reach the sick chamber ere you're heard below.
Whatever changes there may greet your eyes,
Let not your looks proclaim the least surprise;
'Tis not your business by your face to show,
All that your patient does not want to know;
Nay, use your optics with considerate care,
And don't abuse your privilege to stare;
But if your eyes may probe him over much,
Beware still further how you rudely touch;
Don't clutch his corpus in your icy fist,
But warm your fingers ere you take the wrist.
If the poor victim needs must be percussed,
Don't make an anvil of his aching bust.—
(Doctors exist within a hundred miles,
Who thump a thorax as they'd hammer piles!)
If you must listen to his doubtful chest,
Catch the essentials and ignore the rest.
Spare him; the sufferer wants of you and art,
A track to steer by, not a finished chart;
So of your questions,—don't in mercy try
To pump your patient absolutely dry,
He's not a mollusk squirming in a dish,
You're not Agassiz, and he's not a fish.
And last, not least, in each perplexing case,
Learn the sweet magic of a *cheerful face;*
Not always smiling, but at least serene,
When grief and anguish cloud the anxious scene,
Each look, each movement, every word and tone
Should tell your patient you are all his own;
Not the mere artist, purchased to attend,
But the warm, ready, self-forgetting friend,
Whose genial visit in itself combines,
The best of cordials, tonics, anodynes."

There is a class of medical men to whose special notice we desire to present the injunction which we have made the foundation of these remarks. We refer to medical officers of the army and navy. Our remarks are not applicable to all of them by any means, but there are too many of them who need a word of caution on this subject. Some doctors, as soon as they mount a uniform, become so self-important and dignified as to be unapproachable. They treat officers of inferior grades, privates and civilians with disdain. Such men show their breeding, or rather want of it, and disgrace themselves, their profession, and the service in which they should be an ornament. We have had instances of discourteous behavior related to us on the part of medical officers that have made us blush for our profession. It is very sad to see an official announcement of the dismissal of medical officers "for conduct unbecoming a gentleman," but if all who are guilty of such conduct should get their deserts the humiliating record would be long drawn out, we fear.

Notes and Comments.

The Surgeon-General.

Surgeon-General Hammond, on his arrival at Washington, after inspecting the hospitals in the Departments of the South and the Gulf, was immediately ordered on a like service to the hospitals in the Western Department. We do not understand, however, that this necessarily indicates any particular mismanagement of the hospitals in that Department. Such an inference was very unjustly drawn by one or two of our cotemporaries when the Surgeon-General was ordered to inspect the hospitals in the other Departments.

Nitrous Oxyde as an Anæsthetic.

It will be remembered by our readers that the first practical application of an anæsthetic for surgical purposes was by the late Dr. Wells, of

Hartford, and that he began his experiments with nitrous oxyde vapor, and subsequently resorted to sulphuric ether.

Nitrous oxyde vapor is now being very extensively used for anæsthetic purposes, particularly by dentists. It is preferred on account of its supposed safety, there being, we believe, no case recorded of loss of life from its use.

Mitchell's General Atlas.

We have seen a late edition of this Atlas which, in addition to the United States Post Offices, has a list of those of the neighboring British Province of Canada. We would again commend the work to the notice of our readers. It is almost indispensable in every family in such eventful times as these.

Correspondence.

FOREIGN.

LETTER FROM Dr. W. N. COTE.

PARIS, *Oct.* 23d, 1863.

Arsenical Coloring.

Notwithstanding the many warnings given to manufacturers, as well as to the public, arsenical colors are still extensively used. Dr. GUY, in his recent report on the subject, states that arsenical green is commonly used for coloring prints, paper-hangings, or ornamental papers, tarlatans for ball-dresses, and artificial flowers, and less generally for tinting confectionery—and its application to all those purposes is attended with more or less danger to human life, and with almost certain injury to the health of the persons who manufacture or make use of the articles colored with it. The name under which it is best known is "emerald green," being the same as Scheele's or Schweinfurth green. Its chemical composition is arsenious acid, six parts; oxide of copper, two; and acetic acid, one; so that it is needless to say that it is a very active poison. The manufacture, when carried on in the open air, does not occasion much inconvenience to those employed in it. The men who make the powder suffer from boils and pimples, or from a little itching in the nostrils and around the bends of the arms; and those who pack it are liable to itching and sneezing, but that is all. When the work is done under cover, more serious effects are produced. The workmen are then affected by blotches, rashes, and much itching. Those who drink suffer most—but if the work is discontinued, and more especially if cooling medicines are administered, the symptoms soon disappear. The injuries occasioned by the emerald green are not confined to, nor do they indeed chiefly or in any great degree arise from, its poisonous character when swallowed. Mischief does, however, occasionally spring from that cause. Confectioners and pastry-cooks were, until lately, in the habit of using the emerald green as a pigment; and instances are recorded of dangerous or fatal consequences occurring to children from eating fragments of ornamental baskets, cake ornaments, sweetmeats, or apple tarts, colored with the poison; and to adults, from its ignorant use for the tinting of blanc-mange. But it is from the diffusion of the powder in the atmosphere, and its absorption into the system with the breath or through the skin, that the most serious consequences flow; and as far as those who are not engaged in manufactures in which the color is used are concerned, the most general risk arises from its employment in the staining of paper-hangings. In such cases the quantity of "emerald" employed is often as much as from twenty-eight to seventy grains to the square foot. It is generally very loosely attached to the paper, and is easily liberated, when, especially if its effects are increased by damp, its presence in the air frequently produces very serious and well-marked indispositions. Paper-hangings colored with the emerald green are, it is true, often used without inconvenience; but the cases in which injury has resulted to persons occupying rooms hung with them are too numerous and too well authenticated to admit of doubt as to their cause. In the manufacture of artificial flowers, fruits and leaves, the deleterious effects of emerald green are most fully experienced. In other occupations it produces only inconvenience and suffering—at the most, illness of some duration and severity—but in this it has, in one instance at least, probably in more than one, led to fatal consequences. The sufferers in this case are chiefly women. In concluding his report, Dr. GUY suggests that for the protection of the public, the sale of this poisonous green to toy-makers and confectioners should be forbidden, and that all tinted papers and paper-hangings which are colored with it should be marked "arsenical paper." As to the employment of emerald green in manufactories, he is of opinion that, as far as men and women are concerned, no case is made out which would justify any special legislation of a highly restrictive character. The case of young children is somewhat different, and for their protection we think that employers might be prohibited, under a penalty, from allowing any person under eighteen years of age to work with the emerald green.

Power of the Imagination.

I take from the *Nord* the subjoined narrative, which shows the influence imagination can exercise on the body. That journal vouches for its authenticity. "A gentleman, of great energy of character, while staying at a hotel at Turcoing, was seized with excruciating toothache, accompanied with swelling of the gums. He was recommended to apply a leech; and the keeper of the hotel undertook the operation, using a piece of paper folded up so as to form a kind of case. At the end of a few minutes, as the sufferer did not feel the leech, an examination took place; but the leech was not in the paper, and it had disappeared. It was immediately concluded,

to the great horror of the sufferer, that he had swallowed the mordant worm. No sooner was this dreadful conclusion arrived at, than the affrighted man felt terrible bites in his stomach; and, although he swallowed a glass of oil of sweet almonds, renewed bites showed that the leech was still alive. A Doctor was called in, and an ounce of castor oil administered immediately, but repeated, agonizing pains proved that the leech was in another part of the stomach. A dreadful fear now took possession of the unfortunate man, who anticipated that his intestines would be soon perforated, and that death was certain. A second Doctor called in, prescribed two more ounces of castor oil, which the patient swallowed most stoically, but the bites and pains were renewed. The hotel-keeper happened then to change his coat, and in his sleeve he found the leech, which had made its escape at the end of the paper held to the gum of the sufferer. The unfortunate man was thus assured that his life was no longer in danger, but he was a prey to the most uncomfortable sensations from the three ounces of castor oil which he had swallowed."

Chloride of Iron and Chloride of Sodium as a Hæmostatic.

Dr. Piazza, of Bologna, has introduced a new preparation containing chloride of iron, which he has found very efficacious as an hæmostatic agent. You are aware that a solution of chloride of iron has already been used successfully for stopping the flow of blood from wounds, but in a concentrated state it often causes much pain and irritation. It appears that when chloride of sodium is added to it, the proportion of chloride of iron may be considerably diminished. The solution Dr. Piazza recommends is composed of perchloride of iron having a specific gravity of 1.075 to 1.11, mixed with an equal volume of a concentrated solution of chloride of sodium. Great success seems to have attended the use of this solution in Italy and Belgium. The chloride of iron should have no free acid in it.

Whooping-Cough.

Dr. Domerc publishes two cases of whooping cough, in which the patients were adult females. After trying emetics, sedatives, anti-spasmodics, and sulphate of quinine, with but temporary success, he prescribed cigarettes of belladonna, which caused relief, but led to no cure. At length he had recourse to the following preparation: Take leaves of belladonna cleansed of their stalks, 90 grammes; add tops of melilot, a pectoral herb, 10 grammes; mix in a porcelain basin, and pour on it 5 grammes of laurel-water, stirring all the time, until the whole is perfectly moistened. Then add the following solution:

℞.	Tincture of iodine,	10 grammes.	
	Iodide of Potassium,	2	do.
	Nitrate of potash,	8	do.
	Laurel-water,	30	do. M.

The whole is left to stand until the superfluous moisture is evaporated, when 10 grammes of the tincture of balsam of tolu are added in drops all over the mixture. This done, the leaves are cut into shreads like tobacco, and so kept for use. The patient smokes it under the form of cigarettes, or else in a small pipe. It generally cures the affection in the course of a week; and is found also serviceable in phthisis, catarrh, and asthma. Sometimes Dr. Domerc prescribes iodized inhalations to be taken alternately with the above, in the following manner: Put a little amiantus or earth-flax, or else cotton, into a tobacco-pipe, and moisten it with two or three drops of tincture of iodine, and let the patient inhale the air through the pipe as if smoking. This may be repeated several times a day.

Regarding whooping-cough, the Director of the Parisian Gas Company has announced what he considers an infallible cure for that affection. It consists in the inhalation of the various complex gases generated by the distillation of coal. He states that by this means hundreds of children have been cured in his establishment, after being only once exposed to the fumes above alluded to. As it may not always be possible to take patients to the gas-works, some means might be devised for giving them the benefit of this discovery at home. W. N. Côte.

Army and Navy News.

CIRCULARS AND GENERAL ORDERS.

Disqualifications for Military Service.

(Circular No. 100.) War Department, Provost-Marshal-General's Office, Washington, Nov. 9, 1863. Paragraph 85 of the Regulations for the government of the Bureau of the Provost-Marshal-General of the United States is amended to read as follows:

85. The following diseases and infirmities are those which disqualify for military service, and for which only drafted men are to be "rejected as physically or mentally unfit for the service," viz.:

1. Manifest imbecility.
2. Insanity. This includes well established, recent insanity, with liability to a recurrence.
3. Epilepsy. For this disability the statement of the drafted man is insufficient, and the fact must be established by the duly-attested affidavit of a physician in good standing, who has attended him in the disease within the six months immediately preceding his examination by the Board.
4. Paralysis, general or of one limb, or chorea; their existence to be adequately determined. Decided atrophy of a limb.
5. Acute or organic diseases of the brain or spinal cord; of the heart or lungs; of the liver or spleen; of the kidneys or bladder, which have so seriously impaired his general health as to leave no doubt of the man's incapacity for military service.
6. Confirmed consumption. Incipient consumption does not exempt.
7. Cancer; aneurism of the large arteries.
8. Inveterate and extensive disease of the skin, such as will necessarily impair his efficiency as a soldier.
9. Decided feebleness of constitution, or deficient size of chest, sufficient in degree to leave no doubt of the man's unfitness for military service.
10. Scrofula, or constitutional syphilis, which has so seriously impaired his general health as to leave

no doubt of the man's incapacity for military service.

11. Habitual and confirmed intemperance, or solitary vice, which has so materially enfeebled the constitution as to leave no doubt of the man's incapacity for military service.

12. Chronic rheumatism, unless manifested by positive change of structure, wasting of the affected limb, or puffiness or distortion of the joints, does not exempt. Impaired motion of joints and contraction of the limbs alleged to arise from rheumatism, and in which the nutrition of the limb is not manifestly impaired, are to be proved by examination while in a state of anæsthesia induced by ether only.

13. Pain, whether simulating headache, neuralgia in any of its forms, rheumatism, lumbago, or affections of the muscles, bones, or joints, is a symptom of disease so easily pretended that it is not to be admitted as a cause for exemption unless accompanied with manifest derangement of the general health, wasting of a limb, or other positive sign of disqualifying local disease.

14. Great injuries or diseases of the skull, occasioning impairment of the intellectual faculties, epilepsy, or other manifest nervous or spasmodic symptoms.

15. Total loss of sight; total loss of sight of right eye; cataract of right eye; loss of crystalline lens of right eye.

16. Partial loss of sight of both eyes, vision being so greatly impaired as to leave no doubt of the man's inability to perform military duty. Serious permanent diseases of the eye or eyelids, so manifestly affecting the use of the eyes as to leave no doubt of the man's incapacity for military service. Nearsightedness does not exempt; if found on trial to be so decided as to incapacitate for field service, the man may be transferred to the Invalid Corps.

17. Total loss of nose: deformity of nose so great as seriously to obstruct respiration; ozæna, dependent on caries in progress.

18. Decided deafness. This disability must not be admitted on the mere statement of the drafted man, but must be proved by the existence of positive disease, or by other satisfactory evidence; and it must be so decided as to leave no doubt of the man's unfitness for military service. Chronic, purulent otorrhœa.

19. Incurable diseases or deformities of either jaw, such as will necessarily greatly impede mastication or speech. Anchylosis of the lower jaw; caries of the bones of the face, if in progress; cleft palate, (bony;) extensive loss of substance of the cheeks, or salivary fistula.

20. Dumbness; permanent loss of voice; not to be admitted without clear and satisfactory proof.

21. Total loss of tongue; hypertrophy, atrophy, mutilation, or obstinate chronic ulceration of the tongue, if sufficient in degree to interfere seriously with the use of the organ.

22. Stammering, if excessive and confirmed; to be established by satisfactory evidence under oath.

23. Loss of a sufficient number of teeth to prevent mastication of food. This applies to those cases only where the loss of teeth is so great, that if the man were restricted to solid food, he would soon become incapacitated for military service.

24. Tumors or wounds of the neck, impeding respiration or deglutition; fistula of larynx or trachea; torticollis, if of long standing and well marked.

25. Deformity of the chest, or excessive curvature of the spine, sufficient to prevent the carrying of arms and military equipments; caries of the spine, ribs, or sternum.

26. Abdomen grossly protuberant; excessive obesity.

27. Hernia.

28. Artificial anus; stricture of the rectum; prolapsus ani. Fistula in ano is not a positive disqualification, but may be so, if extensive or complicated with visceral disease.

29. Old and ulcerated internal hæmorrhoids, if in degree sufficient to impair the man's efficiency. External hæmorrhoids are no cause for exemption.

30. Total loss or nearly total loss of penis; epispadia or hypospadia at the middle or near the root of the penis.

31. Incurable, permanent, organic stricture of the urethra, in which the urine is passed drop by drop, or which is complicated by disease of the bladder; urinary fistula. Recent or spasmodic stricture of the urethra does not exempt.

32. Incontinence of urine, being a disease frequently feigned and of rare occurrence, is not, of itself, a cause for exemption. Stone in the bladder, ascertained by the introduction of the metallic catheter, is a positive disqualification.

33. Loss or complete atrophy of both testicles from any cause; permanent retention of one or both testicles within the inguinal canal; but voluntary retraction does not exempt.

34. Confirmed or malignant sarcocele; hydrocele, if complicated with organic disease of the testicle. Varicocele is not, in itself, disqualifying.

35. Loss of an arm, forearm, hand, thigh, leg, or foot.

36. Wounds, muscular or cutaneous contractions from wounds or burns, or tumors, which would prevent marching, or otherwise manifestly incapacitate the man for military service.

37. Fractures, irreducible dislocations or anchylosis of the large joints, or chronic diseases of the joints or bones, that would prevent marching, or otherwise unfit the man for military service.

38. Total loss of a thumb; total loss of the index finger of the right hand. Other permanent defects or deformities of the hands, so decided as to leave no doubt of the man's incapacity for military service.

39. Club feet; total loss of a great toe. Other permanent defects or deformities of the feet, such as will necessarily prevent marching.

40. Varicose veins of inferior extremities, if large and numerous, and accompanied with chronic swellings or ulcerations.

41. Chronic ulcers; extensive, deep, and adherent cicatrices of lower extremities.

Surgeons of Boards of Enrollment in reporting "the statistics of the causes of exemption on account of physical disability" will hereafter, in addition to the alphabetical list of disabilities required by Circular No. 90, from this office, report the number rejected under each paragraph of the above list of disqualifying infirmities.

JAMES B. FRY,
Provost-Marshal-General.

War Department, Provost-Marshal-General's Office, Washington, D. C., Nov. 16, 1863. The following changes and appointments are announced, having been made by the President of the United States, in accordance with the provisions of the "Act for enrolling and calling out the National Forces," &c., approved March 3d, 1863:

New York.—September 15, Dr. Hollis S. Chubbuck, Surgeon 27th District, vice Graves, dismissed; Nov. 11, Dr. Alfred L. Loomis, Surgeon 5th District, vice Powell, revoked.

Illinois.—September 30, Dr. Robert Boal, Surgeon 6th District, vice Hall, resigned; Nov. 2, Dr. Sam'l McClure, Surgeon 11th District, vice Payne, resigned.

Pennsylvania.—October 20, Dr. Jas. S. De Benneville, Surgeon 1st District, vice Massolis, revoked.

Massachusetts.—November 2, Dr. Fred. H. Hooper, Surgeon 1st District, vice Foster Hooper, resigned.

Michigan.—November 9, Dr. Isaac Paddock, Surgeon 5th District, vice Galbraith, revoked.

JAMES B. FRY,
Provost-Marshal-General.

Circular. Surgeon General's Office, Washington, D. C., November 12th, 1863.—Medical Directors of Military Departments will immediately furnish this office with a list of medical officers of the regular U. S. Army, and of Surgeons and Assistant-Surgeons of the volunteer staff, in their respective departments, who have been on duty in General Hospitals for more than one year.

Medical Directors of armies in the field, will immediately furnish this office with a list of medical officers of the regular U. S. Army, and Surgeons and Assistant-Surgeons of the Volunteer Staff, who have been on duty in the field for more than one year.

Both lists will give the length of service in either position, with such special information, or recommendation as may be useful in reassignments, according to nature, and length of service.

By order of the Acting Surgeon General.

[SIGNED.] C. H. CRANE,
Surgeon U. S. Army.

General Orders, No. 355, War Department, Adjutant General's Office, Washington, November 4, 1863. —Medical Directors of armies in the field will forward, direct to the Surgeon General, at Washington, duplicates of their reports to their several Commanding Generals of the killed and wounded, after every engagement.

By order of the Secretary of War:

E. D. TOWNSEND,
Assistant Adjutant General.

The Surgeon-General.

Surgeon-General Hammond, U. S. A., is in Washington, D. C.

Appointments.

The following appointments have been made during the week:

Dr. James H. Thompson, Surgeon 12th Maine Vols., to be Assistant Surgeon of Volunteers.

Dr. R. H. Wevill, late Surgeon U. S. Vols., to be Surgeon 10th U. S. Colored Troops.

Dr. Chas. G. Polk, of New York, to be Assistant Surgeon 3d U. S. Colored Troops.

Dr. Ira Perry, of Massachusetts, to be Assistant Surgeon 9th U. S. Colored Troops.

Dr. Lancaster Thomas, of Quakertown, Bucks county, has been appointed Assistant Surgeon to the 2d United States Colored Infantry, stationed at Nashville, Tennessee. He was formerly a member of the Anderson Troop.

Ordered on Special Duty.

Assistant Surgeon H. M. Sprague, U. S. Army, now on leave of absence from the Army of the Tennessee, is hereby relieved from duty with that army, and will repair to New York City and relieve Surgeon Geo. Taylor, U. S. Army, as a member of the Medical Board now in session in that city, for the examination of Surgeons and Assistant Surgeons for Colored Regiments, and for such other duty as the Medical Director, Department of the East, may assign him. As soon as relieved, Surgeon Taylor will resume his duties in charge of the General Hospital at Newark, New Jersey.

Surgeon Charles Sutherland, U. S. Army, is relieved from duty as Medical Director, Department of Virginia and North Carolina, and will repair to Wilmington, Delaware, and report to the President of the Retiring Board in session there, as a member of the Board, to take the place of Surgeon Charles McCormick.

Surgeon M. Goldsmith, U. S. Vols., has been ordered by Surgeon-General Hammond to visit the General Hospitals at New York, Baltimore, Philadelphia and Washington, with a view to collect material for his report on Hospital Gangrene, which has been so successfully treated by Surgeon Goldsmith in the hospitals at Louisville, Ky.

Ordered to Report.

Assistant Surgeon C. B. White, U. S. Vols., will report in person, without delay, to the Commanding General, Department of the Gulf, at New Orleans, La., for duty.

Assistant Surgeon E. D. Buckman, U. S. Vols., will report in person, without delay, to the Commanding Officer, Department of the South, at Hilton Head, S. C., for duty.

Assistant Surgeon L. R. Stone, U. S. Vols., will report in person, without delay, to the Commanding General, Department of West Virginia, at Clarksburg, Va., for duty.

Assistant Surgeon C. F. Brisbane, U. S. Vols., will report in person, without delay, to the Commanding General, Army of the Potomac, for duty.

Changes.

So much of Special Orders 406, Sept. 6th, 1863, from the Adjutant-General's Office, as discharged Assistant Surgeon Horace Babcock, 2d Kentucky Vols., on account of physical disability, and for absence without leave, has been so amended as to omit the charge of absence without leave, he having furnished satisfactory evidence that he was absent with proper authority.

So much of Special Orders 468, Oct. 19th, 1863, from the Adjutant-General's Office, as assigned Assistant Surgeon R. Fletcher, U. S. Vols., to duty in the Department of the Ohio, is hereby revoked, and Surgeon Fletcher will report in person, without delay, to the Commanding General, Army of the Cumberland, for duty as Medical Purveyor at Nashville, Tennessee.

Surgeon Charles McCormick, U. S. Army, is relieved as a member of the Retiring Board in session at Wilmington, Delaware, and assigned to duty as Medical Director of the Department of Virginia and North Carolina, to the commanding officer of which he will accordingly report in person.

Surgeon Thomas Antisell, U. S. Vols., will at once relieve Surgeon Thomas H. Bache, U. S. Vols., as President of the Examining Board for Assistant Surgeons of Volunteers, now in session in this city, and as Attending Surgeon to sick and wounded volunteer officers.

Surgeon Thomas H. Bache, U. S. Vols., as soon as relieved from duty in this city, will proceed, without delay, to Baltimore, Md., and report in person to the Commanding General, Middle Department, to relieve Surgeon George Rex, U. S. Vols., in charge of the General Hospital, West's Buildings, Baltimore, Md.

Surgeon Geo. Rex, U. S. Vols., as soon as relieved from duty in Baltimore, Md., will report in person, without delay, to the Commanding General, Department of the Susquehanna, to relieve Surgeon Ebenezer Swift, U. S. Army, in charge of the General Hospital at Chester, Pa.

Surgeon James D. Strawbridge, U. S. Vols., will repair at once to Annapolis, Md., and report to Brig.-Gen. Graham, U. S. Vols., senior officer of the Board convened by Special Orders 294, Adjutant-General's Office, for the examination of sick officers.

Assistant Surgeon Thomas McMillen, U. S. Army, has been relieved from duty in the Army of the Potomac, and will report in person, without delay, to the Surgeon-General, U. S. Army, at Washington, D. C., to settle up his accounts as Medical Purveyor of the Army of the Potomac.

Surgeon J. H. Taylor, U. S. Vols., has been relieved from duty as Medical Inspector of the Army of the Potomac, and will report in person, without delay, to Surgeon John Campbell, U. S. Army, Medical Director at Philadelphia, Pa., for duty in that city.

Retired.

Assistant Surgeon Benjamin King, U. S. A., has been retired from active service, having been connected with the army more than forty-five years.

Leave of Absence.

Leave of absence for twelve days has been granted to Acting Assistant Surgeon J. C. Shimer, U. S. Army.

Resignations.

Surgeon John L. Teed, U. S. Vols., and Assistant Surgeon E. T. Whittingham, U. S. Army, have tendered their resignations.

Discharges.

Assistant Surgeon W. T. Hicks, 7th Virginia Vols., having tendered his resignation on account of not being a graduate of medicine, is hereby discharged from the service of the United States, with condition that he shall receive no final payments until he has satisfied the Pay Department that he is not indebted to the Government.

At the request of the Governor of Maryland, Surgeon John M. Stevenson, 3d Maryland Vols., has been honorably discharged from the service of the United States, he having been commissioned by the Governor as Surgeon of a Regiment of Maryland Cavalry.

Upon the recommendation of a Board of Officers, convened by Special Orders 294, July 3, 1863, from the Adjutant-General's Office, Assistant Surgeon Edson Boyd, 112th New York Vols., is honorably discharged from the service of the United States on account of physical disability, with condition that he shall receive no final payments until he has satisfied the Pay Department that he is not indebted to the Government.

The following officers, having tendered their resignations, are honorably discharged from the service of the United States on account of physical disability, with condition that they shall receive no final payments until they have satisfied the Pay Department that they are not indebted to the Government: Surgeon Darius Mason, 31st Wisconsin Vols.; Assistant Surgeon Solomon Blood, 32d Wisconsin Vols.; Assistant Surgeon F. A. Bushey, 4th Pennsylvania Cavalry.

News and Miscellany.

Pension Examining Surgeons.

Connecticut.—Dr. Rufus Baker, Middletown.
New York.—Drs. Edward Loomis, Oneida; Rufus C. Dunham, Seneca Falls.
Ohio.—Drs. Samuel Hudson, Medina; W. J. Fishler, St. Mary's.
Indiana.—Dr. Edward V. Spencer, Mt. Vernon.

Number of Invalid Soldiers.

According to an official report in the Surgeon-General's office, there are 84,472 beds for patients in the United States General Hospitals. Of these, 36,277 are empty, leaving 48,195 patients under treatment.

Hospital Inspection.

In accordance with a special order from Major-General Couch, Surgeon John Campbell, U. S. A., Medical Director of the Department of the Susquehanna, left this city on Monday, to make a personal inspection of the army hospitals in his Department.

Surgeon Rufus H. Gilbert, U. S. A., formerly Medical Director of the Department of Virginia, stationed at Fortress Monroe, has been appointed Acting Medical Director of this Department, to serve during the absence of Surgeon Campbell, from Philadelphia.

Unwholesome and Innutritious Bread.

Mr. D. Pearson, in a note to the *Scientific American*, has some very proper strictures on the manufacture of bread. He commends the bread of London and Edinburgh. We, however, published an item a few weeks ago, showing that an inspection of the bakeries of London brought to light the fact that they were managed in a manner so exceptionable as to raise a question of the fitness of the bread for food.

Our own experience is decidedly in favor of the ærated bread, which is *always and necessarily* sweet, pure, and wholesome. It is complained of by some, that it is tasteless. Better so, than sour and impure. But the manufacturers, we think, might easily obviate that difficulty by the addition of a little sugar. We have no doubt that the experiment would prove a profitable one. That much might be conceded to popular *taste and prejudice*.

Mr. Pearson speaks as follows of New York bakers' bread:

During a residence of over ten years in the city, I have had occasion to use the bread of perhaps thirty or fifty bakers, and as a general thing I have found that the only perceptible difference between that of one and another, lay in the various degrees of sourness and badness generally possessed by the whole. Saltness, bitterness, and other incomprehensible and nauseous flavors would occasionally supersede or accompany other defects, but sourness in greater or less degree was a perpetual concomitant. The other disagreeable flavors in the bread I am speaking of, I supposed to be indicative of the presence of carbonate of soda, or some other "corrective" of acidity; and if this supposition is correct, of course the quality of the article would be still more depreciated.

Now the main cause of all this I take to be nothing else than the absurd custom of bakers giving their customers *bulk* instead of *weight* of bread. Many a poor woman is foolish enough to believe that the large-sized loaf which she procures from Mr. Swill's bakery, though perhaps as sour as vinegar, is a much better bargain than those slightly smaller ones sold at Mr. Sugar's, 'round the corner; the latter, it may be, being two or three ounces heavier than the former. But human nature is gullible, and thus it is that the favorite divices seen on bakers' sign-boards in New York read thus—"*Large* Bread Bakery," "The Largest Bread in the City," &c. The *large* bread in question I have found by experience means simply *sour* bread; for it is a well known fact that up to a certain point in the chemical process in the fermentation of bread, the *sourer* the dough is allowed to become the *larger* will be the bread baked from it. The writer has ransacked a large section of the city in quest of sweet bread (that is, good bread), and like truth itself, sometimes, he found it was nowhere to be found. I have tried different bakers, and the result has been that I have found one or two places where sometimes I could procure really good, sweet bread; whilst in none of the others is it ever by any chance to be had. This circumstance would seem to show that the very great majority of bakers ferment their bread to the point of acidity designedly, for the purpose, of course, of giving as little weight and as much bulk as possible for the money. It is clear, therefore, that if by law or custom it became the rule to sell by weight only, the above evil would cease at once.

Electrical Phenomena in the Alps.

A party consisting of three Englishmen and a lady, with two guides, endeavored to make the ascent of the Alps on the 10th of July last, but when they had proceeded some distance they were prevented by a storm, during which they got into the middle of an electric cloud. Their hair emitted a hissing, crackling sound, as if it had been under the influence of a powerful electrical machine, and over their faces and bodies they experienced a pricking, burning sensation. There were peals of thunder heard, at each of which the party received an electric shock, but no lightning was seen. The right arm of one of the party was paralyzed for several minutes; the snow emitted hissing sounds; the veil worn by the lady stood straight out, as also did the hair of all of them; which looked so ludicrous that they could not help bursting into laughter. These phenomena lasted for about twenty-five minutes, and no evil effects were felt afterwards.—*Scientific American.*

Sugar as an Anthelmintic.

M. Debout says that sugar is an excellent destroyer of worms. He once accidentally put sugar instead of salt on a leech which he wished to detach from the skin, and was surprised at the spasms produced by it. He therefore tried sugar on earth-worms, and found it had a similar powerful effect; and has since used it in solution with success as an injection in children.—*Brit. Med. Jour.*

ANSWERS TO CORRESPONDENTS.

☞ *Correspondents will please notice our reiterated request to give their full address in their communications to us. Our correspondence is very extensive, and it is necessary for us always to know the Town, County and* State *from whence their letters are sent.*

Erratum.—In the last number of the Reporter, page 396, at the end of the Communication, the signature should be "Lloyd Dorsey, M. D.," instead of "Doorey."

Dr. F. M. C., Mass.—We would advise you to address the Journal in question in regard to your subscription to it. We cannot aid you in the matter.

Dr. G. S. W., Pa—We have received no letter from you since October 27th, enclosing $3.

Dr. H. C., Pa.—Your letter came to hand, but there was no check for $6 enclosed therein. We enclose you a statement of account and some vaccine matter.

Dr. J. H C, Mass.—Vols. 1, 2, 3, 4, 5, of the Reporter unbound and Barclay's Medical Diagnosis, were forwarded to you on last Saturday per Herndon's Express.

MARRIED.

Bradford—Gunnell.—On Wednesday, the 11th instant, by the Rev. Dr. Pinckney, Dr. Frederick G. H. Bradford, of Maine, and May, daughter of W. H. Gunnell, Esq., of this city.

Evans—Richards.—On Tuesday, the 10th instant, by the Rev. John M. Richards, D. D., Horace Y. Evans, M. D., and Anna L., youngest daughter of the late William H. Richards, both of this city.

French—Bailey.—On Thursday, November 12th, by Rev. J. H. Price, D. D., T. Jefferson French, and Helen A., eldest daughter of M. J. Bailey, M. D., all of New York.

Hoppin—Clark.—In Dedham, Mass., 12th inst., by Rev. S. B. Babcock, Courtland Hoppin, M. D., of Providence, and Mary Frances, daughter of Joseph W. Clark, of Dedham.

Swasn—Lyon.—In Charlestown, Mass., the 10th instant, Lieut. Thomas L. Swasn, U. S. Navy, and Elizabeth, daughter of Dr. Henry Lyon.

DIED.

Elmer.—At Springfield, N. J., on the 8th inst., of inflammation of the bowels, William Stites, only son of the late Dr. John C. Elmer, aged 17 years.

METEOROLOGY.

November	9,	10,	11,	12,	13,	14,	15.
Wind	N. W.	N.	N. W.	S. W.	W.	N. E.	S. E.
Weather	Clear.	Clear. Slight Snow.	Clear.	Clear.	Clear.	Cl'dy. Dense Fog.	Cl'dy. Rain.
Depth Rain							8-10
Thermometer							
Minimum	28°	24°	26°	26°	30°	41°	43°
At 8 A. M.	33	33	38	45	45	45	56
At 12 M.	42	40	45	59	58	64	62
At 3 P. M.	42	39	46	59	59	64	61
Mean	36.2	39	38.7	47.2	50.2	53 5	55.5
Barometer.							
At 12 M.	30.1	30.3	30.2	30	30	30	29.7

Germantown, Pa. B. J. Leedom.

VITAL STATISTICS.	Philadelphia. Week ending November 15.	New York. Week ending November 16.	Baltimore. Week ending November 16.	Boston. Week ending November 14.	Providence. Month of October.
Popl'n, (estimated.)	580,000	950,000	240,000	180,000	52,000
Mortality.					
Male	136	235	70	42	38
Female	116	218	41	46	49
Adults	134	222	50	48	51
Under 15 years	113	230	61	41	34
Under 2 years	66	134	31	34*	19
Total	252	453	111	88	87
Deaths in 100,000	43.46	47.68	46.25	48.88	16.73
American	178	274	...	51	64
Foreign	57	179	...	37	23
Negro	16	9	21	3	4
Zymotic Diseases.					
Cholera, Asiatic	...	...	...	...	...
Cholera Infantum	4	3	...	2	..
Cholera Morbus	...	1	...	...	3
Croup	15	31	7	8	...
Diarrhœa	5	11	4	1	4
Diphtheria	15	22	4	2	1
Dysentery	1	4	...	...	4
Erysipelas	1	1	...	1	...
Fever, Intermittent	...	1	...	...	...
Fever, Remittent	1	...	...	...	...
Fever, Scarlet	3	19	5	...	...
Fever, Typhoid	12	13	5	3	4
Fever, Typhus	1	5	...	...	...
Fever, Yellow	...	...	...	...	...
Hooping-cough	...	2	1	...	1
Influenza	...	...	...	...	...
Measles	...	...	...	...	...
Small Pox	...	...	9	...	...
Syphilis	1	...	...	1	...
Thrush	...	..	...	1	...
Sporadic Diseases					
Albuminuria	...	4	...	...	...
Apoplexy	3	...	...	1	1
Consumption	32	81	13	16	18
Convulsions	8	24	4	3	2
Dropsy	5	23	3	4	3
Gun-shot Wounds	2	1	1	...	...
Intemperance	2	1	2	1	...
Marasmus	1	17	...	...	...
Pleurisy	...	2	1	1	...
Pneumonia	8	34	2	5	3
Puerperal Fever	...	3	...	...	...
Scrofula	...	1	...	...	...
Violence and Acc'ts	5	24	1	...	2

* Under 5 years.

TO CORRESPONDENTS.

For the information of those who are not authors, we will state that manuscript intended for publication must be written on but one side of the sheet. If greater care was taken in the preparation of copy, much trouble would be saved to printers, and mistakes would rarely or never be made.

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(See also the Commutations in another place.) 357—tf

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THE

MEDICAL AND SURGICAL REPORTER.

No. 367.] PHILADELPHIA, NOVEMBER 28, 1863. [Vol. X.—No. 31.

Original Department.

Communications.

DEFECTIVE AND IMPAIRED VISION,

With the Clinical use of the Ophthalmoscope in their Diagnosis and Treatment.

By Laurence Turnbull, M. D.,

Ophthalmic Surgeon to Howard Hospital, &c.

(Continued from p. 375.)

On the Morbid Appearances of the Retina, Optic Nerve and Choroid.

It was well observed by William Bowman, the distinguished physiologist and surgeon of the London Ophthalmic Hospital, "We have fallen on a time that will be forever memorable in the history of ophthalmic science—the epoch of the invention (and application) of the ophthalmoscope."

"What would be thought by physicians if they were presented with an instrument enabling them to *see* the membranes, the cavities, the course of the fibres, the configuration of the ganglionic masses of the *brain*, with the vessels pulsating, the veins varying in emptiness or repletion, and every product and physical condition of disease exposed to view? Or if the great organs of the chest or belly, with all their complicated connections and movements in a healthy or unhealthy state, were disclosed? They would be transported with delight at the facilities given for the exact detection of disease; and doubtless a harvest of great results would instantly be reaped in the field of practical medicine. What I have imagined for the great cavities of the body, came to pass for the delicate structures of the eye about eleven years ago. We may be all *clairvoyants* now for this hollow organ, into which we can penetrate by the aid of the reflector, and discern (in all where the media remain transparent) the physical conditions of the internal coats, with the exquisite course and aspect of the vessels, and the faintest morbid alterations of structure, as clearly and brilliantly as if they were opened up by the anatomist, or placed under a lens on the table before us. And where the media are themselves faulty, the faults can be detected in their earliest and slightest forms by the same means. So long as there are human eyes to suffer damage from disease, or cultivators of the divine art of healing, so long will the ophthalmoscope be in universal use, and the name of Helmholtz be held in honor among mankind. No less than a total revolution in ophthalmic practice has been already effected by this instrument, and constant further advances may be confidently anticipated in our knowledge, not only of the disease of the eye itself, but collaterally of various cognate affections of other organs, especially of the brain."*

Hyperæmia and Inflammation of the Retina.

"Capillary congestion of the retina first shows itself as a minute pink strippling limited to a segment, or overrunning the whole of the optic disc. As the distension of the vessels proceeds, the minute dots and streaks blend in a uniform blush, which invades the centre of the disc last. As the redness of the disc increases, its contrast with the adjacent fundus diminishes, and its outline becomes inconspicuous, or lost to view, in which case the confluence of the large retinal vessels alone marks its situation. These vessels seem to end abruptly at the surface of the optic disc, the redness and the opacity of the nerve tissue concealing their deeper vertical portions from view. The retina, unlike the optic nerve, is not reddened by simple capillary congestion, the reason being the largeness of the meshes of its capillary net.

"Its arteries are but little prone to enlargement or varicosity, and they readily elude notice; but its veins become very swollen and tortuous, and as they lie at different depths in different parts of their course, and are, therefore, overlaid by a greater or less thickness of retinal tissue, they appear in different degrees of distinctness. Thus the convex bend of a vein, which comes close to the inner surface of the retina, is plainly visible; whilst the continuous portions of the same vessel, as they dip away from the surface toward the middle retinal strata, becomes indistinct and tapering, or wholly hidden, and thus gives the veins the appearance of being interrupted."

"The saturation of the retina with serum by reducing its transparency, produces these appear-

* American Journal of Ophthalmogy, Vol. 1, No. 3, pp, 104, 105.

ances, and the presence of more opaque inflammatory products still further intensifies them. The degree of concealment of the deeper portions of the veins is a measure of the extent in which the transparency of the retina is diminished, and in this way is a clue to the quantity and nature of the inflammatory effusion. But we possess another gauge in the degree in which the choroidal coloration of the fundus is damped, because the view of the choroid is obscured in proportion to the opacity of the retina. A little serum which only produces a faint haziness of the retina, but slightly flattens the brightness of the choroid; whilst dense inflammatory products so cloud the retina that the choroid but dimly glimmers through it, or is wholly lost to view. In this state the retina has a dull gray or stone color, blotched with rusty patches where capillary hemorrhage has taken place. These changes in the retina are accompanied with a cloudiness of the vitreous humor, which is greatest in the parts bordering on the retina, and decreases toward the centre of the humor.

"The following forms are distinguished:

1. Retinitis characterized by intense redness of the optic disc, great venous congestion, œdema and capillary hemorrhage, little tendency to deposition of lymph, and little loss of transparency of the retinal tissues or of the vitreous humor. Ret simplex, ret apoplectica. Capillary apoplexy of the retina.

2. Retinitis with less vascular turgescence, but with free infiltration of the retina and adjacent vitreous humor with lymph and corresponding great opacity. As the syphilitic and strumous retinitis.

3. Suppuration of the retina."

"Retinitis ends in resolution and recovery, or in atrophy. Where the former occurs, the distension of the swollen veins subsides, the spots of capillary hemorrhage disappear, fading from the edges toward the centre; the inflammatory products are removed, the transparency of the retina returns, and the details of the choroid are again sharply seen. The redness of the optic nerve is often last to disappear. The veins frequently retain their tortuosity, and with this exception the fundus preserves no traces of the previous inflammation. This fortunate termination commonly occurs only in the first of the above three forms of retinitis. In the second form, complete recovery occurs only where the exudation has been in limited quantity, and the inflammation has been arrested before the retinal tissues have suffered much. In a very large proportion of cases of this form, atrophy ensues, and when the vitreous humor has become sufficiently clear to allow the optic nerve to be seen, this is found shrunken, oval, or otherwise distorted, with a ragged, jagged border; it is no longer distinguishable. Branches of the large retinal vessels are observed to be obliterated, traces of them remaining in the form of thread-like lines; other branches have wholly disappeared. The fundus is blurred, the choroid is confused or wholly hidden by patches of retina of a peculiar opalescent yellowish-white color, in a state of fatty disintegration.

The third form of retinitis, the suppurative, always ends in destruction of the eyeball."—*Hulke on the Ophthalmoscope, p.* 41–43.

A CASE OF ILLEUS.

By W. J. Lytle, M. D.,

Of Princeton, N. J.

The following case may not be uninteresting to some of your readers.

J. M. V——, of this place, aged forty-four years, of medium height, generally healthy, regular and abstemious in his habits, was taken on Friday afternoon, October 23d, with all the symptoms of spasmodic colic associated with hepatic derangement. He had complained the day previous, of which no notice had been taken. It was about two o'clock in the afternoon when I first saw him. Supposing it to be an attack of ordinary colic, I prescribed accordingly. Little relief was afforded until about twelve at night, when, after using the warm bath, injections and repeated anodynes the pain subsided; though vomiting, which had commenced in the latter part of the afternoon, still continued at distant intervals. I found him the next day (Saturday) relieved from pain, but still vomiting, his bowels remaining obstinately costive, yet there were no apprehensions. Sunday found him in the same condition until near evening, when the appearance of stercoraceous vomiting, with the absence of pain, and continued constipation, gave the first indications of danger, and created for the first time an anxiety for the result. It was at once suspected that an intussusception or obstruction of some kind existed in the bowels. A consultation was requested. Dr. J. N. Woodhull was instantly sent for and promptly arrived. After making a careful examination, he concurred in the opinion that a serious and apparently hopeless difficulty had taken place in the bowels, most probably an intussusception. He continued to assist in the attendance until the death of the patient.

It is unnecessary to follow the case through day by day, the interest consisting in the intestinal difficulty disclosed by the *post mortem* examination. It is sufficient to say that he lived nine days from the commencement of the attack. Very little pain existed after the first day, and death appeared

under the asthenic form. Gradually increasing prostration, tympanitic distention of the abdomen, unrelieved constipation, fæcal vomiting with slight irritative fever, constituted the entire group of noticeable symptoms. It may be of interest to remark that olive oil injected into the rectum the day before death, remained and appeared in the urine, forming a well marked coat upon the surface as it stood in the vessel. The treatment was such as would suggest itself to any physician under these circumstances. The most energetic purgatives as well as injections, warm applications, belladonna plasters, hot baths, and finally settling down into small doses of calomel and opium, comprised the routine of medicinal agents. I may observe here that frictions of croton oil around the umbilicus, and also the turpentine injections, shook the bowels, so to speak, in a manner which caused the emptying of the bowels both above and below the obstructed point, or in other words an action was excited which was normal below the obstruction and antiperistaltic above. This was also observed by the attending assistants. Eighteen hours after death, assisted by Dr. E. C. Baker, of this place, and in the presence of several persons, I made a *post-mortem* examination. With the exception of the lungs, which were strangely congested, and for which we could not assign a satisfactory explanation, there were no indications of diseased action in any of the organs. Upon examining the intestines we found on the left side of the abdomen six inches of small intestine filled with intestine from above. Careful measurements were now made. The point where the intussusception commenced was about fourteen feet from the stomach, the termination near eight. The result of the *post mortem* summarily expressed would be that nearly four feet of the ileum and two feet of the duodenum had passed into the tube below, invaginated in a space of six inches. So tightly were the coils impacted that direct traction could not liberate them, but it required a gradual and persistent effort to disengage them from their impaction. The comparative lengths of the ileum and duodenum are approximations founded on the supposition that the entire intestines are about thirty feet long. The interest of the case, however, consists in the fact that nearly six feet of small intestine had passed into six inches of small intestine also. Of course in an instance like this, treatment could be of no avail.

To Improve the Solubility of India Rubber.

"Caoutchouc (virgin gum) becomes more soluble in oil of turpentine or benzine, if it has previously been macerated for some time with ammonia, until perfectly decolorized. When it is then washed with water, and dried, it will dissolve more readily in the menstrua named."—*Am. Drug. Circ.*

Hospital Reports.

Jefferson Medical College,
November, 1863.

Surgical Clinic of Prof. S. D. Gross, M. D.

Reported by *Dr. J. Gordon Maxwell.*

Fatty Tumor.

S. V. D., twenty-nine years of age, married, but has no children. A fine, healthy-looking woman, who came to the clinic on account of a tumor, situated immediately beneath the right parotid gland, from which she has suffered no pain. The appetite is good; she sleeps well; there is no discoloration; in fact, were it not for the deformity, the patient would not have been aware of its existence. From the history of the case, we learn that several decayed teeth had been extracted, occupying the site immediately above the tumor; and this fact, taken in connection with its position, led to the inference that it might be of a strumous character, although the Professor remarked that it had more of a doughey or semi-elastic feel than of the gaseous, which is so characteristic of these affections.

A trocar being introduced, no fluid was found in the mass, and Dr. Gross at once recurred to his former opinion, and pronounced it a fatty tumor. The patient was then put under the influence of chloroform, an incision was made along the angle of the jaw, and a globular-shaped mass, weighing five or six ounces, removed by means of the finger tearing it from its loose cellular attachments, much less hemorrhage taking place than would have occurred had the operation been performed with the knife.

The wound was brought together by the twisted suture, no other dressing being required. No artery was tied. After treatment, light diet and rest for a few days.

The patient returned on the 14th, ten days after the operation, with scarcely a perceptible scar, union having taken place by the first intention.

Deformity of the Hand Resulting from a Burn.

Sarah R., five years of age, of Wilmington, Delaware. About six months ago, while standing near a stove, the child's dress caught fire, and before the flames could be extinguished the left hand and wrist were badly burned.

As the case did not receive proper treatment after the injury, the resulting cicatrix drew the hand into a right angle with the forearm. Dr. Gross divided the connecting bands, which were mainly of a cutaneous character, and placed the limb on a straight, well-padded splint, stating, at the same time, that much depended upon the manner in which the after treatment was conducted, as, if the splint was taken off before the parts had thoroughly healed, the result would be a deformity precisely similar to the original one.

Dislocation of the Shoulder into the Axilla.

Amelia K., twenty-two years of age; a pale, delicate-looking girl, in whose face strumous diathesis was plainly marked. While in an epileptic fit, her shoulder was dislocated by the violence of the muscular contraction driving the head of the humerus into the axilla, just beneath the glenoid cavity, causing the luxation most commonly met with in that region.

While the patient was taking chloroform, Prof.

Gross remarked, that as this variety was more frequent in its occurrence than all the rest, it was deserving of special attention, and he would therefore point out the diagnostic signs. These, he remarked, were the separation of the elbow from the trunk, the flattening of the deltoid muscle, the projection of the acromion process, the fulness and increased height of the axilla, and the inability of the patient to place the hand of the afflicted side upon the opposite shoulder.

The patient then being fully influenced, he placed his heel, divested of its boot, in the axilla, upon the head of the luxated bone, and, seizing the arm just above the wrist, made counter-extension, gradually bringing the limb across the body, so as to raise the head of the bone upward and outward to a level with the glenoid cavity, when reduction took place with an audible snap, the whole proceeding hardly taking fifteen seconds.

The after treatment consists in supporting the limb in a sling for several weeks and applying a strong solution of acetate of lead and opium. Passive motion was ordered to be instituted, to prevent anchylosis.

Eastern Dispensary,
New York, *Nov.*, 1863.

By H. Lassing, M. D.,

Physician to the Dispensary.

Though an essentially different class of patients present themselves here from those who come to us in private practice, they are of vastly more importance to us in many ways. They furnish us experience which could not otherwise be gained; and if we treat our dispensary patients carefully, we will soon find a rich reward, even pecuniarily, by a corresponding increase in our private practice, owing to the success which our dispensary experience earns for us. I purpose to give a few extracts from my dispensary case book.

Ulcerations of the Os and Inflammatory Adhesions.

Mrs. H.; æt. forty-nine years; a very small, nervous, and "bilious" looking woman; has been troubled with a severe hemorrhage from the vagina, followed by a profuse discharge of pus and clots. Her history shows that she commenced to menstruate when very young, and some twenty-four years since gave birth to a daughter by means of a very severe instrumental delivery. Some eight years since she suddenly ceased to menstruate, since which time and until now she has enjoyed very good health. She has always been very costive. Upon an examination *per vaginam*, I found an extensive ulceration and induration of the os uteri, extending from about the middle of the anterior lip to the middle of the posterior lip, involving a hard and deep bridle upon one side, both commissures evidently having suffered extensive laceration from previous delivery. The fundus of the uterus was anteverted, the upper third of the cervix flexed, and the os turned toward one side and for about two inches adherent to the vagina, evidently caused by inflammatory adhesion. I ordered a powder of tannin and opium, internally, and a supporting bandage; this checked the hemorrhage. I then gave tonics and laxatives; all hemorrhage and discharge ceased. I also ordered the insertion of a sponge, saturated with Labarraque's solution, diluted. Patient soon recovered her strength. I only use palliatives as patient objects to an operation.

Paronychia.

Felons afflict a large majority of those who come to the surgical class for treatment, and as they disable the patient from labor, and these are least able to afford idleness, it is desirable to cure these cases as rapidly as possible. The course of treatment I pursue with them, is the early application of Labarraque's solution, alternated with immersion in hot water, and a thorough and deep incision as soon as practicable, followed by the same treatment. This course succeeds nearly always in obtaining a rapid cure.

Ecthyma with Extensive Ulceration of the Leg.

Patrick J., æt. thirty-one years, laborer, general health good, some two years since noticed a small red pustule upon his leg, which, upon being irritated, enlarged. Others soon appeared separately and at some distance apart, and, upon being scratched, finally became sloughy and inflamed, and several turned into indolent ulcers. When I first saw this patient he had four ulcers, three on the anterior and one upon the posterior part of the leg, between the knee and ankle. After poulticing to produce a healthy surface, they were ordered to be washed in hot water and covered with collodion, all the pustules opened and treated similarly, and the entire leg strapped with adhesive plaster, and a roller applied. Internally, the liquor arsenitis et hydrargyri iodidi was exhibited. Patient rapidly recovered.

Anasarca.

John L. A., æt. twenty-seven, has been sick a week; swelled considerably, and costive, according to his description. Upon examination, found an anasarcous swelling extending over the entire body. Ordered:

℞.	Tr. colocynth.	f℥j.	
	Tr. digitalis,	f℥ij.	
	Aquæ,	f℥iv.	M.

Sig. Teaspoonful three times a day.

This produced watery stools and a copious discharge of urine. I followed this up with the tinctura ferri chloridi, and patient was soon discharged, cured.

Catarrhus Senilis Potatorum.

This is a name hardly recognized by American authors. This seems to me to be the only proper and expressive appellation for this very common affection we meet with in dispensary and hospital practice, and seldom in private practice—the drunkard's cough. The most beneficial effects I derive from a vesicating plaster, from six to ten inches square, applied to the chest for fourteen or eighteen hours, and dressing after with rosin ointment, exhibiting, internally, tablespoon doses of the following mixture, upon the suggestion of a friend:

℞.	Sodæ nitr.,	℥ij.	
	Ammoniæ murias,	℥iss.	
	Mucilag. acaciæ,	f℥ss.	
	Aquæ, ad	f℥viij.	M.

Plasticity of Blood Corpuscles.

Dr. Sharpey says: "The plasticity of the blood corpuscle is unrivaled by any other physical body. It will assume all sorts of protean shapes under the slightest influences. Elongating to a mere thread, it will pass through a narrow chink; it will wrap itself round an acute projecting angle, or protrude feelers and tails under the influence of currents. In its natural state, it possesses sufficient elasticity to resume its original shape on the cessation of the modifying influences; but when gum or gelatine has been added, or when the plasma has been permitted to thicken spontaneously, the corpuscle retains any form it may have assumed till again altered by fresh influence.'"—*Proceedings of the Royal Society.—Intellectual Observer.*

Editorial Department.

Periscope.

Propagation of the Cinchona Tree.

It is more than two centuries since the invaluable febrifuge properties of a genus of plants, indigenous to immense mountain tracts of the South American continent, were made known to the physicians of Europe. That the virtues of the bark of certain species of cinchona were known long before this period to the people of the districts in which they grew, is highly probable. The Indians in the neighborhood of Loxa, two hundred and thirty miles south of Quito, where it was first made known to Europeans, appear to have been aware of its virtues, as the Indian name for the tree, *Quina-Quina*, "bark of bark," indicates that it was believed to possess special medical properties. To what extent this knowledge prevailed it is impossible to say. Its introduction into Europe and its gradual appreciation by the physicians of that portion of the globe has been one of the greatest boons bestowed upon man. Its introduction into Europe was in this wise:

In 1638, the Countess Ana, of Chinchon, the wife of the Count Chinchon, Viceroy of Peru, was attacked with fever at Lima, when Don Juan Lopez de Canizares sent a parcel of powdered quinquina to her physician, Juan de Vega, as a never-failing remedy for "tertiana." It was administered, and effected a complete cure. Returning to Spain with her husband in 1640, she carried a quantity of the healing bark, and was thus the first person to introduce it into Europe. In memory of this great service, Linnæas named the genus yielding the remedy, *Cinchona*.

The districts where the trees grew were for a long time but little known to the geographer, and still less to the botanist. It was a matter of urgent interest to gain more accurate knowledge of so important an article, and the attention of men of science, as well as those of commerce, were directed to the subject. The botanists, attached to various expeditions, were charged with the duty of obtaining the localities, characters and properties of the now famous Peruvian bark. De la Condamine, a member of the French Expedition of 1735, gave the first description of the "quinquina" tree, and attempted to transport the plants to Europe. In this he failed, unfortunately losing the plants after preserving them eight months.

The interest which the medicine had excited, and the universal value attached to it, is strikingly shown by the number of distinct treatises written on the subject. Van Bergen, in his Monographies, gives a catalogue of these works, amounting to six hundred and thirty-seven publications. In Mr. Howard's "Nueva Quinologia" of Pavon, no fewer than thirty-nine species of cinchona are enumerated and named.

At first, the most reckless extravagance was used in collecting the bark, in many cases the custom being to bark the trees while standing, ensuring their death; or, if cut down, only taking the bark off the upper side of the trunk. No extent of country on which the trees grew could suffice to counter-balance such wanton improvidence as this, and it became obvious that some plan must be formed to propogate the trees in other quarters. Dr. Weddell, during the reign of Louis-Phillippe, made two voyages to South America, with the object of obtaining information respecting the cinchona trees, and investigating the districts in which they grew. In addition to the scientific and practical information that he gained, he brought seeds of one of the most important species, *C. Calisaya*, to Paris, from which plants were raised in the Jardin des Plantes, in 1848. Some of these were sent by the Dutch to Java, the forest-covered mountains of which were admirably suited to its cultivation, but the enterprise proved a partial failure. Dr. Royle, whose residence in India had convinced him of the practicability of growing the tree in that region, recommended its introduction to Neilgherry and the Silhet Hills. He made several unsuccessful attempts to induce the Government to take the necessary steps, but not until 1853 were efficient measures taken, which resulted in his complete success. The commission for carrying out the plans of the Government met with numerous and trying difficulties, but with indefatigable energy and unwavering faith he met and surmounted them, until, under the zealous, intelligent and practical gardener, Mr. W. G. McIver, the Superintendent, who had carefully studied the botany of the cinchona genus, the enterprise has every appearance of success. From the latest reports, it appears that the number of plants of eleven species of the cinchona amounts to 157,704. In the Island of Ceylon, also, the cultivation has been successfully commenced, and the prospect now is that even the extravagance of the South American collectors will not be able to materially diminish the necessary quantity of the article.

Physiological Effects of Hashish.

An interesting paper was recently read at the Academy of Sciences, by Mr. De Luca, on the physiological effects of hashish. The author, having received from the east a certain quantity of a confection prepared with this inebriating substance, swallowed, at eight o'clock, A. M., from thirty to forty grains of the paste, and calmly awaited the result. He shortly after proceeded to the chemical laboratory of the College of France, and addressed himself to his habitual occupations. In the course of a quarter of an hour, Mr. De Luca experienced at the tips of his fingers an indescribable creeping sensation, which appeared to ascend toward the brain. His mind, however, remained perfectly clear, but his hands, yielding to a peculiar nervous influence, lost the power of adapting themselves to the performance of delicate operations requiring steadiness or precision. He then determined on returning home, when further phantasms were induced, without any coincident confusion of intellect. Distances seemed unceasingly to extend, and he fancied he would never reach his home. The voices of persons standing at his side sounded weak and remote. He felt himself unaccountably elated, and as if treading in the air. The porter's wife, as he passed, remarked: "Mr. De Luca's rooms are not ready," and he was much struck with the altered character of the woman's voice. When he reached his room, he attempted, but unsuccessfully, to read his letters, and yet his mind was crowded with bright ideas, endowed with singular distinctness and precision. His entire being was given up to pleasing sensations. He retired to bed, and the sheets seemed, out of respect, to recede from his person, and although he fancied himself in no sort of contact with the bed-clothes, the situation was delightfully comfortable. "At that moment," says he, "I reviewed, with the most intense satisfaction, every action of my life, but my ideas flitted through my brain in such rapid succession, that I was unable to grasp steadily any one thought. I remarked to myself, if this condition could but last, the dreams of the poets would surely be realized, universal happiness would follow, and all men might joyfully contemplate their mental operations." This state of inebriation lasted about four hours; the distances then decreased, the bed-clothes courteously drew nearer, the nervous excitement subsided, and order was restored. Dryness of the lips was the only other symptom noted by the experimentalist.—*Medical Circular.*

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, NOVEMBER 28, 1863.

NOTES OF A VISIT TO THE NATIONAL CAPITAL.

A recent brief and hasty visit to the Capital of the nation, introduced us to some matters of great professional interest, and gave us an idea of the magnitude and importance of the operations of the government in connection with the war, which we had not before attained to. The great mass of the people who stay at home and remain content with newspaper accounts of the movements of the army, however they may be excited over the details of battles, and mourn over the slaughter of their fellow-citizens—even though engaged in the patriotic duty of preparing clothing, food and delicacies for the sick and wounded in hospitals, can form little conception of the enormous extent of the duties and labor devolving on the various departments. It is difficult even for medical men to realize the vast extent and the unbounded interest attached to the Surgical Bureau, without a personal examination of some of its results, such as we were privileged with on this occasion. Of two of the operations of which it was our good fortune to obtain a partial insight, through the kindness of two professional brethren, we will endeavor to present a brief sketch, conscious, nevertheless, of our inability to word-paint them sufficiently well to give more than a glimmering view.

The first in the order of our observations was the great community of horses, located on a large plantation at the junction of the Potomac and the Eastern Branch (Giesboro), about three miles below Washington, whither we were accompanied by Dr. J. M. Cuyler, Acting Medical Inspector General, and Lieutenant Colonel Sawtelle, chief of the Cavalry Bureau. Seven hundred acres of ground are devoted to the buildings and business required for the reception and care of 12,000 horses, of which there are between 8000 and 9000 now on the ground. The most interesting portion of this vast collection is the hospital for sick and wounded animals, broken down in the service and sent in to be treated and recuperated if possible. This is probably one of the finest schools for veterinary science in the world. Here may be seen almost every ailment and injury to which the horse is liable, from the common sore back to the contagious glanders. There are some three hundred patients now there, under the professional care of an English veterinarian, who as far as we could judge, seemed well informed in the principles and practice of his art. Being curious to know the extent of the materia medica of this branch of medicine, we were favored with an inspection of his Supply Table, and have to confess our surprise at its great length, and the potency as well as the variety of the articles.

It may surprise some of our readers, as it did us, to know that several varieties of mercurials are employed in the treatment of some forms of equine disease. Calomel and the iodides (as well as other preparations of iodine,) are considerably used. A drachm of the former is given as a purgative dose, and we were told that ptyalism has been observed to ensue from the administration of small doses. Of croton oil, ten drops is the ordinary dose. Many of the patients are broken down from over-work and hard usage, and need only good diet, rest and nursing, under which they recover and are returned to duty. A dead horse, which is looked upon by us with so much indifference, is there regarded with much interest, not only as a pecuniary loss, but as presenting a solution of a pathological question.

Here is a grand opportunity for testing the value of disinfectants in controlling the decomposition of urine, and preventing the elimination of the ammonia, which chiefly gives to the air of stables their pungent and offensive odor. We have never realized this odor in so intense a degree as in this place, a circumstance due doubtless to the fact of the floors being of earth and poorly drained, and have consequently become saturated with the secretion, keeping up a continual decomposition, which in spite of excellent ventilation, is extremely offensive.

We dwell longer upon this topic than may seem necessary, for two reasons, first, to notice what we have neglected to allude to before, a *new disinfectant* recently made the subject of a report to the New York Academy of Medicine, by which it is fully endorsed, and among its good qualities is that of completely preventing the decomposition

of fæcal and urinous matter, and correcting the odor of such as may be partially decomposed. It is called the *Ridgewood Disinfecting Powder*—the principal bases of which are carbolic acid, sesquichloride of iron, and Fuller's earth.

In the second place, we were informed by Dr. McWilliams, who has charge of the *humans* who may fall sick at this corral, of the existence of an apparently new disease among the freedmen, of whom there are eleven hundred employed in the stables and about the premises, and of whom a score or more are sick in hospital. They are attacked with some anomalous symptoms; among the first is pain in the knees, disabling from locomotion, with slight cough, occasional intestinar hemorrhage and diarrhœa, very little fever, intense headache and general prostration. The symptoms in the few cases which we saw, appeared to us to be those of some diffusible poison, and there seemed none so probable as the pungent and offensive urinous atmosphere of the stables. Such a disinfectant as the Ridgewood Powder is represented to be would, in such a case, prove a valuable sanitary agent.

The next point of interest occurring at this visit was the Army Medical and Surgical Museum, through which we were politely escorted by the able curator, chemist, microscopist, pathologist, statistician and writer, Dr. J. J. Woodward, who holds the modest rank of assistant surgeon, and is detailed for this important and valuable service for which we are free to express the judgment that the Surgeon-General could not have made a more happy selection. Though in its incipiency, the dry and wet preparations of this collection number already some thousands, illustrative of every variety of *vulnera sclopetaria*, many the most curious imaginable, and involving almost every bone of the skeleton. The range of intestinal ulceration, from the simplest primary congestion to the most extensive, superficial, punctiform and penetrating ulcer, the results of the destructive fevers of the camp, and the poisonous fens of the South, are here ranged in illustrative series, conveying a clearer view of the terrible effects of malaria than is to be had elsewhere in the world. The profession of the country should visit this grand pathological cabinet, which in time will be expanded to the full capacity of the large building recently secured for it, and will, if its progress is not interrupted, place American pathological researches in the foremost rank. Several very able artists are kept constantly employed in making drawings of diseased structures, whereby there will soon be collected a splendid series of illustrations for the medical and surgical history of the war, which, when completed, the profession of the country with one voice should ask of Congress to give to the world in a style commensurate with the ability of its compilers, its original execution, and its great importance to science.

THE U. S. INVALID CORPS.

A correspondent in another column calls attention to an important subject in connection with the transfer of disabled officers and men from the General Hospitals to the Invalid corps. As he suggests, this matter should be entirely in the hands of the medical officers of the hospitals, who should have the authority to order officers and soldiers who are unfit for field duty to appear before the Examining Board, and power to enforce the order. The surgeons are supposed to be proper judges of the physical condition of the men who have been under their care, and an unreasonable prejudice against going into the Corps of Honor—as the Invalid Corps is very properly termed—should not be allowed to stand in the way of an adoption of the only proper course. Men who have not the physical capacity to perform field service, ought not to be allowed to embarrass operations in the field by burdening the ranks, occupying the hospital tents and ambulances, and annoying the field medical officers. It is unjust to those on duty in the field.

Notes and Comments.

Retreat for Intemperate Women.

In another column we copy a notice of the establishment of a retreat for intemperate women in the city of Boston. The necessity for something to restrain intemperance among women is very urgent. In our view, the proper and only remedy is in prohibitive liquor laws. In the absence however, of such legislation, the next best thing is to provide such expedients as are suggested in the

article quoted. Any one who has had much experience with the drinking women who infest our almshouses, will however have little faith in reformatory measures in their cases. The only things to be hoped for in most cases are entire and permanent removal from the sources of temptation, and relentless government.

Medical Department of Georgetown College, D.C.

The Medical Department of Georgetown College, in the District of Columbia, was established in 1861, and has been in successful operation ever since. It has a large class this year in common with all our medical colleges. Dr. F. Howard has resumed the position he formerly occupied, of Professor of Obstetrics and Diseases of Women and Children, *vice* Prof. Snyder deceased.

Correspondence.

FOREIGN.

LETTER FROM Dr. W. N. COTE.

Paris, *Oct.* 30, 1863.

Case of Melanopathia.

Dr. Dickson, physician to the English Embassy at Constantinople, sends to the *Levant Herald* the subjoined authentic report of a very singular case. Apart from the mere novelty of the fact narrated, the following has a scientific interest which well entitles it to much less ephemeral record than has been given to it:—"Ovannes, an Armenian, aged twenty-eight, a native of Geideh, and a brick-maker, says that he was laid up for two years with a serious illness, during which period he was more or less unconscious. He then suffered for a twelve-month with intermittent fever, assuming at times a tertian, and at other times a quotidian type, and which brought on an enlargement of the spleen. This was followed by an attack of jaundice, which occurred about eighteen months ago; and the yellow color of the skin then gradually changed into its present swarthy hue. The dark color first manifested itself in his hands and face, and alarmed him very much, believing it to be an aggravation of his complaint into black jaundice; but he was soon reassured on this score, for he found that as the skin changed from yellow to bronze, his health sensibly improved. He took no medical advice during these long illnesses.

Such was the condition of the man when he came under Dr. Fauvel's care, at the Medical School of Koumbarhane. On the 1st inst., I was enabled, through Dr. Fauvel's kindness, to discover the abode of Ovannes, and thus had an opportunity of making a hasty examination of his case. The entire surface of his skin, excepting the palms of his hands and the soles of his feet, is of a very deep bronze hue, such as marks the color of the dark Abyssinian races. He has, moreover, a dusky speck or two on the roof of his mouth; and the cicatrice of a blister that was raised by Dr. Fauvel on his abdomen, over the region of the spleen, is of an intense black and shining aspect, exactly such as on a negro. The mucous surface of the lips, glans penis, and anal orifice, is of a bronze hue, a shade lighter than the skin. He perspires freely. His hair is flaxen, and jet black. His tongue is pale, thick, furred, and fissured, and his gums and palate are bloodless. His spleen is enlarged, loose, and free from pain. The edge of the liver feels hard, and its left lobe appears to be enlarged. He tells me that his appetite is excellent, digestion good, bowels regular, and urine normal. I found the sound of the heart very faint; respiration slow; pulse weak, and beating one hundred and four throbs to the minute; a loud venous murmur in the right supra-clavicular space, such as is heard in anemic females. He is timid, and of a nervous temperament. He says, however, that he sleeps well, and that he feels himself in perfect health. His employer assured me that he was not a strong man, and could not do the amount of work he ought to be able to accomplish. Ovannes admits that when he placed himself under Dr. Fauvel's treatment he had no appetite and his spleen was painful, but that he now had a voracious appetite and could press upon his spleen without feeling pain. He, moreover, says that the color of his skin has not altered since, but those who frequent him pretend that he is becoming whiter. Dr. Fauvel tells me that he examined his blood, and found the usual proportions of red globules in it; and his urine deposited purpurine, and contained an excess of urea. This case is evidently one of *melanopathia*, a rare and singular affection of the skin, affecting its pigmentary structure, and classed in the order *macula* of Willan, and *epichrosis* of Mason Good.

Prolonged Phosphorescence.

At a late sitting of the Academy of Sciences, M. Morellet described a case of phosphorescence of sea-water manifesting itself under circumstances different from those which usually accompany the phenomenon. On the 14th of August last, M. Morellet having bathed in the sea at Carnon, near Penols, Department of Hérault, the temperature being 98 Fahr. at the time, the bathing-dresses he and a friend of his had worn were washed in the sea and then stuffed into a basket, where they remained until nine in the evening, when M. Morellet prepared to hang them out to dry; but, on touching the first piece, he was astonished to see sparks issuing from it; the same occurred with the second, and, in fact, with all. On the following morning, on taking them down from the rope on which they were hung, their appearance presented nothing remarkable, except a few grains of fine sand which adhered to the threads. Three days later, on taking another bath, he paid particular attention to his clothes in order to observe the phenomenon with greater care, but nothing of the kind occurred. It may be that the phosphorescence above alluded to owed its preservation to the elevated temperature.

Canine Madness.

Dr. Buisson has addressed the following communication to the *Abeille Médicale*. Coming as it does after the article I mentioned about three weeks ago, in which it was shown that canine madness is capable of cure by the sole efforts of nature, it acquires considerable importance. I give it verbatim:—"A single vapor-bath is sufficient to prevent hydrophobia by eliminating the virus; nevertheless, for the sake of greater security, I caused seven to be taken in as many days, at a temperature of from 42 to 48 degrees Reaumur (127 to 140 Fahr). Care should be taken to press the wound well while in the bath, in order to promote the expulsion. Immediately after the bite has been inflicted, wash the wound with a piece of linen dipped into liquid ammonia, and leave it on the wound in a moist state for at least an hour to neutralize the virus. Treat the inflammation by cataplasms of linseed, renewed every three hours lest they should turn sour, and dress the wound with cold cream (*ceratum galeni*). I cause the patient to lie between two feather beds, and make him drink three or four litres of a warm infusion of borage per day. I prescribe much exercise, and let him eat what he likes. Above all, I forbid his attendants to allude to the accident, lest his imagination should be affected. My treatment does not prevent cauterization, a very uncertain process, since all those laboring under the disease, whom I have treated, had been cauterized. If the disorder has declared itself, I only prescribe a single bath, and leave the patient in till the cure is effected, taking care to raise the temperature gradually. Hydrophobia may last three days. Experience has proved to me that the cure is certain on the first day of the outbreak; on the second day it is uncertain, and on the third day impossible, from the difficulty and danger there would be in conveying the patient into the bath and keeping him in. Who would wait for the third day, knowing my treatment? Nor should one wait for the outbreak; it ought always to be prevented. Hydrophobia never breaks out before the seventh day, so that there is time enough to perform a long journey to obtain what is called a Russian vapor-bath. Reader, you see this little treatise, how simple and conclusive it is, no obscurity, it explains all. Well, in 1826, the Academy of Medicine replied: 'Nothing new, nothing useful!'"

Hopital de la Charite.

The works for completing the front of the Hôpital de la Charité, in the Rue Jacob, and erecting a new wing along the Rue des Saints-Pères, on ground till lately occupied by private houses, are making rapid progress. The authorities have wisely taken advantage of these improvements to add twelve feet to the width of the latter street from the corner of the Rue Jacob to the Academy of Medicine, a length of four hundred and eighty feet. The ground floor of this new range of buildings is to be occupied by shops surmounted by entresols, and over these are two stories to make new wards for the hospital. These changes have necessitated the demolition of the chapel, the first stone of which was laid in 1613 by Queen Marguerite, first wife of Henry IV., and a new one is to be built at the bottom of the third court of the hospital, adjoining the building occupied by the Academy of Medicine. Before the recent demolitions, the hospital contained four hundred and fourteen beds, of which one hundred and forty-three were devoted to surgical cases, but since the works began this number has been diminished; it will, however, be very considerably increased when the wards are finished along the Rue des Saints-Pères. With respect to the origin of the name of this street, Prudhomme, the author of the *Miroir de Paris*, states that it is a corruption of Cinq-Pères, the name at first given to the hospital from its having been founded by *five* monks of La Charité, who came from Italy.

W. N. Côte.

DOMESTIC.

Spotted Fever.

Editor Medical and Surgical Reporter:

The *quæstio vexata* of Spotted Fever will be easily settled by bearing in mind its relations in an etiological sense.

The solution appears to be in the fact of its belonging to a group of diseases, each of which with great facility passes into the other with a protean mutability. This group includes scarlet fever, diphtheria, erysipelas, infantile remmittent, gastric fevers, typhoid, typhus. These diseases are actually interchangeable or convertible as the logicians would term it. The discrepancies in the statements of practitioners will be reconciled without difficulty by attention to this hypothesis, or fact, as it demonstrably is.

One physician avers, what is the actual truth, that he has seen a case of unmistakeable scarlet fever transmuted into spotted fever. Another avers that he has seen a case of spotted fever, when no scarlet rash had furnished the preliminary stage. Another gives you a detail of symptoms purely diphtheritic, the paralytic complications, etc. Another of gastric symptoms feigning or actually constituting an internal erysipelas and the supervention upon these preliminary types of the graver characters and phenomena of the spotted fever, or the maculated typhus as some prefer to call it. These diseases being convertible, the generating power must be identical. The variation in form of manifestation being due to accidental circumstances, peculiarities of constitution, or idiosyncracy.

We have the varieties of ague, of syphilitic affections. In these cases we do not denominate the poisons distinct. Modern doctrines have certainly affirmed a diversity of agencies in the production of syphilitic diseases, but observation, and thorough searching, has contradicted it by establishing the fact of convertibility that crucial test of diversity.

A chancre infecting an individual in whom are lingering the last vestiges of constitutional syphilis

communicates a chancroid. This latter to the non-infected individual imparts a genuine chancre and constitutional disease. Here is the evidence of constitutional modification and convertibility of form of disease, distinctness of poison cannot be sustained in a case of this kind, and in the presence of this evidence the convertibility of members of groups enumerated above, scarlet fever, diphtheria, etc., being established, distinctness of poison generating cannot be sustained either. As to the evidence on this point I have myself seen as plain a case of scarlet fever, as ever fell under the observation of a physician, transformed into complete spotted fever.

Another physician gives you the history of a case in which diphtheritic symptoms become transmuted into spotted fever. There is the opisthotonic position of the neck, the hemiplegic condition of the body, and supplementary, you have finally the ecchymoses of spotted fever. In another case you have reported the gastric distress of internal erysipelas, the concomitant congestion of fauces, and ultimately the supervention of the conditions constituting the main feature of the last mentioned disease.

A reviewer in the *British and Foreign Review* rejects the title "infantile remittent," applied to the disease known by this name, and contends for the term typhoid fever in lieu thereof. Gastric fever will answer for this complaint upon conversion into a graver form of maladies but will not suffice then.—The nomenclature of the great reviewer then becomes preferable, the low form of this disease is most certainly typhoid. I have now two cases of unmistakeable typhoid, that had in the preliminary stage all the symptoms of infantile remittent though occurring in the case of adults. Having had an epidemic of infantile remittent prevailing here this summer and spring, I am fully competent to institute a comparison.

The elevation of papillæ of tongue characterizes these cases of typhoid, and so it did the cases of infantile remittent; also there is gastric distress in one case, as well as in the other, and congestion an erythematous condition of fauces.

A patient presented himself to me last night with the sore throat and fever, without gastric distress, tongue spotted, or dotted rather, (papillæ elevated) my diagnosis was typhoid fever, in the formative stage. To my astonishment the man is walking about and able to do his work to-day, he being a blacksmith. The modicum of poison being small, his constitution reacted against it and expelled it. I only gave him a lotion of sulphate of Zinc.

The invading quantum of poison is an element of variation (or factor), constitutional peculiarity another. Convertibility being established, and conditions lying in constitution, virulence of poison, etc., looking at the behavior of members of the group of diseases referred to, we shall not regard as contradictory and incompatible the apparently discrepant statements of physicians respecting this so-termed spotted fever.

In the mutual relationship and intimate former connexion of the diseases to which it is cognate or allied, and with which it is exchangeable or convertible, or upon which it is capable of supervention, we shall find the true solution of these discrepancies.

Writing solely with the view of drawing your attention to this relationship, I shall append no further remarks, but leave this subject to your readers. Yours truly,

HENRY OLIVER, M. D.

Gordon, Ohio, Oct. 30, 1863.

Maternal Impressions.

EDITOR MED. AND SURG. REPORTER :—

In the number of the REPORTER of September 12, 1863, I noticed an extract from a communication to the *London Lancet*, by Dr. JOHN S. BEALE, on "Maternal Impressions." An instance similar to the cases there reported occurred in my practice, in April last.

Mrs. C. was delivered of a male child, healthy and well formed in every respect, except that the left forearm was absent from about one and a half inches below the elbow, leaving a stump similar in appearance to that of an ordinary amputation. No sign of the missing member could be detected in the membranes.

The mother stated that she had been terribly frightened several months prior to delivery, by a man presenting himself at her sitting-room window, who was deformed in a manner precisely similar to her child; and that she had thought much of the circumstance from that time up to the period of her delivery.

This may have been merely a coincidence, but it was certainly a strange one. The mother is fully persuaded that it is more than a coincidence.

W. T. RIDENOUR,
Ex-Surg., 12th Regt., O. V., I.

Wadsworth, Ohio, Nov. 16, 1863.

United States Invalid Corps.

EDITOR MED. AND SURG. REPORTER :—

There seems to be a want of confidence on the part of some officers in the army, in the judgment of Surgeons in charge of United States Hospitals, in the matter of transfers to the Invalid Corps, which calls for some remedy from those of us in the field who suffer from it. I refer to those officers who, from wounds received or disease contracted in the United States service, are sent to the various excellent hospitals under control of the ablest medical men in the country, and where judgment should be law in all such cases. These officers, from some foolish whim in relation to this excellent organization, refuse the advice offered, to report to some Board for examination for admission, and succeed in obtaining permission to rejoin their commands, thinking they can yet perform active duty; and praiseworthy as it is, yet it invariably ends as their Surgeons advised them. They return only to encumber the ambulances, always insufficient during our rapid and long marches, for those who fall out,

and are finally obliged to call upon the Deputies in the field for the same privileges so generously extended them while in a position to await patiently the tedious delay incident to this transfer. I think the matter should be absolute with Surgeons, who should *order* such disabled officers to report to the Examining Boards. If so, it would save the officer much suffering, and us much annoyance.

Respectfully,

12TH N. J. V.

In the Field, Virginia, Nov. 14, 1863.

Army and Navy News.

Hospital and Prison Inspection.

By special orders No. 514, issued from the War Department, Messrs. James C. Wetmore of Ohio, Gardiner Tufts of Massachusetts, W. Y. Selleck of Wisconsin, A. C. Chester of Illinois, and J. C. Rafferty of New Jersey, are constituted a Board of Inspectors of Government Hospitals and Military Prisons in the Department of Washington, with full authority to correct every abuse which they may discover in those institutions.

Of the Inspectors thus appointed, the three first named, Messrs. Tufts, Wetmore and Selleck, are the military agents of their respective States, and all of them are connected in one way or another with the interests of the soldier; and the Secretary of War, in making his selection of Inspectors, could not have pitched upon better men. In order that the Inspectors may have every facility for the prosecution of the inquiries under their appointment, the Quartermaster's Department are directed in the order to furnish them such transportation as may be necessary, and the officers of the prisons and hospitals are directed to treat the Inspectors with all due courtesy and respect.

The instructions of the Inspectors, as issued by the Department, are as follows:

1st. They are required to inspect the hospitals as to the general order and cleanliness in all their parts and premises.

2d. To observe as to the efficiency, faithfulness and humanity of the Surgeon and the attendants.

3d. To inspect the management of the kitchen, the condition of stores and supplies, both as to food and clothing; the nature of the cooking; the quantity and quality of the rations, and in general everything pertaining to the sanitary condition of the patient.

4th. To receive complaints of patients as to grievances, and give them a reasonable hearing and investigation; yet in no way to interfere with the military discipline of the hospital. If any just ground for complaint be found, or any reform be needed, they are to apply for the remedy to the surgeon in charge. If that does not accomplish the end, they are to report the fact directly to the Secretary of War, and generally they are to report to him whenever in their judgment anything relating to a hospital or its officers cannot be remedied without his attention.

5th. Three of the Board shall constitute a sufficient number to conduct an inspection, and every general Hospital in the Department is to be visited once in thirty days, and as much oftener as in the judgment of the Board it may be expedient. These visits will be made with or without previous notice to the surgeon in charge, as the Board may determine.

6th. Generally in the spirit of the above instructions the Inspectors are to regard the good condition of the Hospital as committed to their keeping, and are to have an eye on everything connected with them that concern the welfare of the patients, and the needs of the military service. It is desirable, however, that they should so act that as far as it is possible, consistently with their duties, they shall not be antagonistic to, but co-operate with the surgeons in charge for the best good of the Hospital.

As Prison Inspectors they are required to inspect the military prisons in the Department of Washington in all their parts and premises, as to their general arrangement, order and cleanliness.

2d. To observe as to the efficiency, fidelity and humanity of the officers in charge.

3d. To see whether the prisoners are as well cared for, with regard to rations, beds, clothing, fuel and other accommodations for comfort and decency as is consistent with the fact of imprisonment and the necessities of proper discipline.

4th. To inspect the records of the prisons, and see that against the name of every person admitted there is a clearly written statement of the offence for which he is committed; and if from time to time persons are found imprisoned for a long period without an official hearing, or appear to have been overlooked by the proper military authorities, or with regard to whom there is evidently some error in the charge, the Inspectors are to report such causes with a clear statement of the same to the Secretary of War.

5th. Each of the military prisons in the Department of Washington is to be visited by at least three of the Board together, once in thirty days, and as much oftener as may be deemed expedient. Except by way of suggestion and advice to the superintendent, the Inspectors are not to interfere with the discipline of the prisons, but will report to the Secretary of War whenever in their judgment the good of the prisons and of the public service requires it.

Certificates of Disability.

Circular No. 24. Surgeon General's Office, Washington, D. C., November 5, 1863.—To obviate the frequent discrepancies and contradictions occurring in "Certificates of Disability for Discharge," and those of Examining Surgeons for the Pension Bureau, hereafter Certificates of Disability will state *all* the causes of disability, where more than one exists, and the Medical Certificate will, in every instance, be made out in the handwriting of the Surgeon signing it.

By order of the Acting Surgeon General.

C. H. CRANE,
Surgeon U. S. Army.

Board of Examiners.

The Board of Officers convened by special orders No. 285, June 27, 1863, from the Adjutant General's Office, now in session at Columbus, Ohio, for the examination of sick officers, will transfer its sittings to Cincinnati, Ohio. All officers who have been examined by the Board, and who have been recommended to remain in hospital at Columbus, under medical treatment, and those awaiting examination, will at once report to the President of said Board, at Cincinnati, Ohio.

Retired.

By direction of the President of the United States, Assistant Surgeon Benjamin King, U. S. A., is retired from active service, and his name will be entered on the retired list of officers of the grade to which he now belongs, in accordance with Section 12, Act approved July 17, 1862, he having been borne on the army register more than forty-five years.

Changes.

Surgeon William Dickinson, U. S. Vols., having closed the Good Samaritan Eye and Ear Infirmary at St. Louis, Mo., of which he was in charge, has by

order of the Assistant Surgeon General, reported at Rolla, Mo., to relieve Surgeon H. Culbertson, U. S. Vols., in charge of General Hospitals, and as Medical Director, District of Rolla.

So much of Special Orders No. 10, from Headquarters 1st Independent Battalion, Ohio Volunteer Cavalry, dated Fort Laramie, February 2, 1863, as relieved from duty Surgeon William B. Rezner, 6th Ohio Cavalry at Sweet Water Bridge, and directed him to report without delay to the Colonel of his regiment, serving in the Eleventh corps, Army of the Potomac, in pursuance of orders from Headquarters, is approved.

Ordered to Report.

Assistant Surgeon R. Bartholow, U. S. A., now on duty at Lincoln Hospital, in Washington, D. C., will report in person to the commanding officer, Department of the Cumberland, Chattanooga, Tenn., for duty with that army, and by letter to Assistant Surgeon General R. C. Wood, U. S. Army, at Louisville, Ky.

Assistant Surgeon W. D. Wolverton, U. S. A., now on duty at Fort Pickens, Fla., upon the arrival of Assistant Surgeon Hartsuff, U. S. A., at that place, to repair to Hilton Head, S. C., and report for duty to the Commanding General Department of the South.

Assistant Surgeon A. B. Chapin, U. S. Vols., has been ordered before the Board for the examination of sick officers, at Annapolis, Md.

Returned to Duty.

Surgeon D. G. Brinton, U. S. Vols., has returned from sick leave and resumed his duties as Surgeon in chief 2d Division, 11th Army corps, Army of the Cumberland.

Surgeon Charles McMillan, U. S. Vols., has returned from leave and resumed his duties as Medical Director 15th Army corps.

Surgeon N. R. Derby, U. S. Vols., has returned from leave, and been assigned to duty as Surgeon-in-Chief, 6th Division, 16th corps, Columbus, Ky.

Surgeon A. H. Thurston, U. S. Vols., has returned from leave and resumed his duties as Assistant Medical Director, Department of the Cumberland, relieving Surgeon W. Clendenin, U. S. Vols., who resumes his duties as Medical Inspector at Nashville, Tenn.

Surgeon A. M. Clark, U. S. Vols., has returned to Washington, D. C., from a tour of inspection of the military prisons in the Western States.

Assigned.

Assistant Surgeon F. Reynolds, U. S. Vols., has been assigned to duty as Medical Inspector 3d corps, Army of the Potomac.

The floating hospital "Nashville" having been turned over to the Quartermaster's Department for repairs and alterations, Surgeon L. C. Rice, recently in charge, has been assigned to the charge of General Hospital No. 1, Vicksburg, Miss.

Surgeon E. Y. Chase, U. S. Vols., has been assigned to duty at Fort Hoskins, Oregon.

Surgeon James C. Whitehill, U. S. Vols., has been assigned to duty as Surgeon-in-Chief, Kimball's Provisional Division, Little Rock, Arkansas.

Assistant Surgeon J. W. Leete, U. S. Vols., has been assigned to duty at General Hospital, West's Buildings, Baltimore, Md.

Surgeon J. E. Quidor, U. S. Vols., has been relieved from duty at the Marine Hospital, Vicksburg, Miss., and assigned as Medical Director, Northeast Louisiana, at Goodrich Landing, La.

In addition to his duties with the 23d Army corps, Surgeon R. M. S. Jackson, U. S. Vols., has been assigned to duty as Medical Director of East Tennessee, at Knoxville, Tenn.

Assistant Surgeon J. D. Johnson, U. S. Vols., has arrived at Chattanooga, Tenn., and been assigned to General Hospital No. 3, in that city.

Assistant Surgeon H. T. Legler, U. S. Vols, has been assigned to duty in the General Field Hospital, Bridgeport, Ala.

Surgeon S. W. Gross, U. S. Army, has been assigned to duty as Chief Medical Officer, Morris Island, S. C.

Surgeon E. D. Kittoe, U. S. Vols., has been assigned to duty on the staff of Major General Grant, Headquarters Army of the Mississippi, in the field at Chattanooga, Tenn.

Surgeon J. G. F. Holston, U. S. Vols., has been ordered to report for duty to Surgeon B. J. D. Irwin, U. S. Army, Superintendent of Hospitals, Memphis. Tenn.

Surgeon Howard Culbertson, U. S. Vols., has been ordered to proceed to Madison, Wisconsin, and relieve Assistant Surgeon F. L. Town, U. S. Army, in charge of the Harney General Hospital, recently established at that place.

Assistant Surgeon Cyrus Bacon, U. S. Army, has been assigned to duty in the office of the Medical Director at Baltimore, Md.

Surgeon William Varian, U. S. Vols., has been assigned to duty in charge of the General Field Hospital, Bridgeport, Alabama.

Surgeon Francis Greene, U. S. Vols., has returned from leave of absence, and been assigned to duty at General Hospital No. 6, Beaufort, S. C., relieving Surgeon A. C. Benedict, U. S. Vols., who has been assigned to General Hospital No. 1, same place.

Transferred.

Surgeon J. W. Lawton, U. S. Vols., has been transferred from General Hospital No. 19, to charge of General Hospital No. 12, Nashville, Tenn.

Appointments.

The following appointments of Medical Officers have been made during the week:

Assistant Surgeon Frederick Lloyd, U. S. Vols., to be Surgeon.

Dr. John F. Huber, of Pennsylvania, to be Assistant Surgeon of Volunteers.

Dr. Henry Martyn Kirke, of Ohio, to be Assistant Surgeon of Volunteers.

Dr. Charles H. Hood, of Ohio, to be Assistant Surgeon of Volunteers.

Resigned.

The resignation of Assistant Surgeon E. T. Whittingham, U. S. Army, has been accepted by the President, to take effect November 12, 1863.

Relieved.

Surgeon A. P. Meylert, U. S. Vols., was relieved from duty as Medical Purveyor at Louisville, Ky., on the 20th ult.

Discharged.

The following named officers, are hereby discharged the service of the United States on account of physical disability, with condition that they shall receive no final payments until they have satisfied the Pay Department that they are not indebted to the Government.

Surgeon Calvin G. Page, 37th Massachusetts Vols.

Assistant Surgeon J. B. Galer 31st Wisconsin Vols.

Upon the recommendation of a Board of Officers, instituted by Special Orders 294, July 3, 1863, from the Office of the Adjutant-General's, Assistant Surgeon J. G. Wilbur, 18th Massachusetts Vols., has been honorably discharged the service of the United States on account of physical disability, with condition that he shall receive no final payments until he has satisfied the Pay Department that he is not indebted to the Government.

The following Officers having tendered their resignations, are honorably discharged the service of the United States, at the dates and for the causes set opposite their respective names.

Assistant Surgeon W. A. McCulley, 65th Ohio Volunteers, to date November 3, 1863, he having accepted an appointment as Surgeon of the 2d United States colored troops.

Leave of Absence.

Leave of absence has been granted to Surgeon J. M. McNulty, U. S. Vols., Medical Inspector Department of New Mexico, with authority to go to Fort Leavenworth, Kansas, for his family.

Leave of absence for fifteen days, on Surgeon's Certificate of Disability, has been granted to Surgeon C. C. Cox, U. S. Vols., Medical Purveyor at Baltimore, Md.

Leave of absence for fifteen days has been granted to Surgeon L. H. Holden, U. S. Army, on Surgeon's Certificate of Disability.

Surgeon H. A. Martin, U. S. Vols., is on leave of absence at Roxbury, Mass.

Hospitals Closed.

The Post Hospital at La Grange, Tenn., was closed on the 30th ult.

REGULAR NAVAL SERVICE.

Ordered.

Surgeon James Laws, to School-ship Savannah.

Surgeon Henry F. McSherry, to the Naval Hospital, Memphis, Tenn.

Assistant Surgeon Thos. Hiland, detached from the School-ship Savannah, and ordered to the West Gulf Blockading Squadron.

Assistant Surgeon James M. Flint, ordered to the Mississippi Squadron.

Assistant Surgeon Wm. Carmons, ordered to the Receiving Ship at New York.

Detached.

Assistant Surgeon Adrian Hudson, detached from the Mississippi Squadron, and waiting orders.

VOLUNTEER NAVAL SERVICE.

Detached.

Acting Assistant Surgeon S. B. Kenney, from the North Carolina, and ordered to the Galena.

Acting Assistant Surgeon Richard H. Greene, from the Ohio, and ordered to the State of Georgia.

Appointed.

Franklin Nickerson, Acting Assistant Surgeon, and ordered to Receiving Ship Ohio.

Geo. D. Harris, Geo. E. Webber, and La Roy F. Morris, Acting Assistant Surgeons.

News and Miscellany.

Retreat for Intemperate Women.

The subject of the following communication is one the importance of which can hardly be exaggerated. The unfortunate victims of the vice to which it refers are among the most pitiable objects to which our professional sympathies are ever directed. The experience of nearly every physician must have furnished him with cases of this kind of the most embarrassing character. Household restraints and home influence are little better than worthless in these cases, and the prospect of an asylum where they can be received and tenderly cared for will bring an indescribable relief to many. We have no means of knowing how extensive a provision is required for the purpose in our own State, but we hail the commencement of this movement with the greatest satisfaction, and hope it may meet with the signal success which it deserves.—*Boston Med. and Surg. Journal.*

Retreat for Intemperate Women.—The necessity of making some special provision for the victims of intemperance, partly for the benefit of the individual and partly for that of the community, is beginning to attract general attention, and the subject in its various bearings has been brought before the Massachusetts State Board of Commissioners on Insanity, as among the matters deserving their serious consideration.

Aside from the question of establishing a public asylum for inebriates, the advantages of which would be more naturally confined to the middle and lower classes, it appears that there is as yet in New England no place of refuge for intemperate woman of good social position except the public and private lunatic asylums, which are unfitted, in the almost unanimous opinion of their superintendents, for the reception of such cases; at many asylums, indeed, admittance being refused to them, alike in justice to the other patients and to the inebriates themselves. The number of applications at the New York General Asylum at Binghamton far exceeds the possible capacity of the building, while the Washingtonian Home in Boston, whose influence for good is already so extended, is for men alone.

In accordance with this apparent want, arrangements have been made by which there will be afforded to a limited number of self-indulgent women, whether addicted to opiates or stimulants, the necessary elements for their cure; namely, voluntary seclusion from temptation, the strictest privacy if desired, a location in the immediate vicinity of the city and yet unrivalled for purity of atmosphere and beauty of scenery. The house selected for the purpose is one constructed with especial reference to a comfortable residence during the winter; attendants will be provided of unexceptionable character, and but few patients will at present be received. For further information application may be made to the Secretary of the Commission, Dr. H. R. Storer, at Hotel Pelham, Boston; the other members of the Board being Hon. Josiah Quincy, Jr., of Boston, and Dr. Alfred Hitchcock, of the Governor's Council, of Fitchburg. It may be stated that the step now taken has the cordial approval and endorsement of His Excellency Governor Andrew; Judge Hoar, of the Supreme Court; Drs. James Jackson; Jacob Bigelow; John Jeffries; H. I. Bowditch; J. Mason Warren; Tyler, of the Asylum at Somerville; Jarvis, of Dorchester; and other of our more prominent citizens.

Carbolic Acid.

This peculiar substance seems to have almost as many names as the wandering Jew, and, in defectively compiled chemical works, each name is set down as meaning a different substance. It received the above name from its discoverer, Runge, in 1834, and it is now also called phenic acid, phenol, phenic alcohol, and the hydrate of phenyle. It may be obtained synthetically as well as analytically. The distinguished chemist Bertholet has made it by passing alcohol and acetic vapors through a porcelain tube heated to redness. It is, however, commonly obtained from the oil of coal tar. When this oil is submitted to fractional distillation, the part which passes over between 160 and 190 degrees of temperature is treated with hot saturated caustic and some powdered potash, and a mass of crystals is obtained which is separated by decantation. When these are dissolved in water the solution separates into two layers; the one light and oily, the other heavy and watery. The latter is separated and treated with hydrochloric acid, which sets free carbolic acid. To make it perfectly pure, however, it is digested with fused chloride of calcium and redistilled twice; when, upon cooling slowly, it forms into a solid, colorless mass [C2 H6 O H O]. It has an odor resembling creosote, and is sometimes sold for it; but the latter is a distinct substance. Car-

bolic acid burns with a reddish flame, and boils at 180°. It is slightly soluble in water but very soluble in alcohol, ether, acetic acid, glycerin, and some volatile oils. It acts very energetically upon the skin; a weak aqueous solution coagulates albumen, and acts as a strong antiseptic. Putrid meat, fish, and fermenting animal substances instantly lose their disgusting odor when treated with a solution of carbolic acid. It is employed, mixed with plaster-of-Paris, in disinfecting powders, as it arrests fermentation and destroys infection. Weak solutions of it instantly destroy the lowest forms of animal and vegetable life; and ink, solutions of glue, and the juices of vegetables are prevented from becoming moldy by an addition of a very small quantity of it. A strong solution of it kills the eggs of ants, caterpillars, and the larvæ of flies. When applied lightly to the human skin, the latter smarts for about an hour, the epidermis becomes wrinkled, and remains red and somewhat inflamed for about twenty days. When a very minute quantity of it is taken into the stomach it seems to act upon the nerves, producing insensibility almost instantaneously.

ANSWERS TO CORRESPONDENTS.

☞ *Correspondents will please notice our reiterated request to give their full address in their communications to us. Our correspondence is very extensive, and it is necessary for us always to know the Town, County and* State *from whence their letters are sent.*

Drs. J. L., N Y.; J B., and T. J. B., Pa.; E. H. L., Me.; G. A. M., Conn.; J. W. S., R I.; W. J. B., Ohio.—Hand-Books were mailed to you to-day.

Dr. J. R. C., Pennsylvania.—Bedford's Obstetrics was mailed to you on the 24th inst.

Dr. H. B., Pennsylvania.—The 2 U. S. Pharmacopœias were mailed to you on the 23d inst.

Dr. A. A. W, Virginia.—Beale on the Microscope in Clinical Medicine, was mailed to you on the 23d inst. Beale on "How to work with the Microscope," we can procure for you for $2 75.

Dr. H. C. A., Michigan.—We cannot find Ruetis' Opthalmoscope. We can procure Liebrich's, which is the simplest and best.

Dr. F. C. E., Indiana.—Lallemand's Port Caustique and Smith & Horner's Anatomical Atlas, we sent you by Adams' Express on the 24th inst.

Dr W. G., Iowa—The Hernia knife was sent to you on the 24th inst., by mail.

MARRIED.

Eagleson—Blayney.—On the 4th inst., by Rev. John Eagleson, D. D., assisted by Rev. James M. Shields, David S. Eagleson, M. D., of Harsmanville, Montgomery Co., Ohio, and Miss Anna J. Blayney, of Buffalo Township, Washington Co., Pa.

Lewis—Thrap.—In Fosteria, Ohio, by Rev. J. S. Thrap, Dr. T. N. Lewis, of Mt. Pleasant, Ohio, and Miss Kate A. Thrap, daughter of the officiating clergyman.

Rea—Kennedy.—On November 5th, at the residence of Samuel Kennedy, Esq., in Freeport, Armstrong Co., Pa., Mr. George Rea, and Miss Anna M., daughter of John Kennedy, M. D., all of Armstrong Co., Pa.

DIED.

Dallam.—On Thursday, the 19th instant, Susan C., wife of Dr John M. Dallam, in the 24th year of her age.

Griffiths.—On the 17th instant, in Bucks Co., Pa., Amos Griffiths, M. D., in the 93d year of his age.

Hatch.—In Hillsboro', N. H., November 12th, Dr. Elisha Hatch, aged 67.

McClellan.—In Brooklyn, November 12th, Surgeon Frank McClellan of the 14th N. Y. Volunteer Artillery, aged 44.

Middleton.—In Washington, D. C., on Monday morning, the 16th inst., Helen E., wife of Dr. J. V. D. Middleton, U. S. Army, and daughter of David H. Burr, Esq., of that city.

Quitor.—In Jersey City, on Tuesday, November 17th, Mary Quitor, wife of John E Quitor, late of above city, now Surgeon of Volunteers.

Root.—October 30th, 1862, of yellow fever, Assistant Surgeon Oliver D. Root, U. S. Steamer *Estrella*.

METEOROLOGY.

November	16,	17,	18,	19,	20,	21,	22.
Wind.....	N. E.	E.	W.	W.	S. W.	N. E.	N. W.
Weather....	Cl'dy.	Cl'dy. Driz'g Rain.	Cl'dy. Rain.	Clear.	Clear.	Cl'dy. Rain.	Clear.
Depth Rain...			2-10			1 3-10	
Thermometer							
Minimum.....	36°	37°	38°	40°	40°	45°	40°
At 8 A. M.....	43	45	45	45	53	48	45
At 12 M.....	50	50	54	57	60	49	50
At 3 P. M.....	50	50	55	55	62	50	51
Mean.....	44.7	45.5	48	49.2	53.7	48	46.5
Barometer.							
At 12 M.....	30	29.7	30	30	29.9	30	30.3

Germantown, Pa. B. J. Leedom.

VITAL STATISTICS.

	Philadelphia. Week ending November 21.	New York. Week ending November 23.	Baltimore. Week ending November 23.	Boston. Week ending November 21.	Providence. Month of October.
Popl'n, (estimated.)	580,000	950,000	240,000	180,000	52,000
Mortality.					
Male	142	120	54	46	38
Female	112	100	50	40	49
Adults	125	220	41	42	51
Under 15 years	116	218	67	42	34
Under 2 years	68	120	25	33*	19
Total	254	443	104	86	87
Deaths in 100,000...	43.79	46.63	43.33	47.77	16.73
American	139	174	...	56	64
Foreign	55	264	...	30	23
Negro	15	13	19	2	4
Zymotic Diseases.					
Cholera, Asiatic...	...	...	...	...	...
Cholera Infantum	...	2	1	2	...
Cholera Morbus	...	...	...	...	3
Croup	17	25	5	3	...
Diarrhœa	4	7	...	...	4
Diphtheria	6	12	3	8	1
Dysentery	1	3	...	...	4
Erysipelas	1	2	...	...	...
Fever, Intermittent	...	1	1	...	...
Fever, Remittent	...	...	...	...	...
Fever, Scarlet	4	22	3	3	...
Fever, Typhoid	8	7	2	4	4
Fever, Typhus	11	6	...	...	...
Fever, Yellow	...	...	...	...	...
Hooping-cough	...	3	2	...	1
Influenza	...	...	...	...	...
Measles	...	3	...	2	...
Small Pox	1	...	9	...	...
Syphilis	...	...	...	...	...
Thrush	...	...	...	...	...
Sporadic Diseases					
Albuminuria	...	2	...	...	...
Apoplexy	5	12	...	1	1
Consumption	38	76	16	17	18
Convulsions	9	26	2	4	2
Dropsy	3	4	6	3	3
Gun-shot Wounds	9	...	...	...	...
Intemperance	3	6	...	2	...
Marasmus	5	23	...	1	...
Pleurisy	...	...	...	...	...
Pneumonia	16	42	3	4	3
Puerperal Fever	...	...	...	...	...
Scrofula	2	2	...	2	...
Violence and Acc'ts	6	25	1	3	2

* Under 5 years.

TO CORRESPONDENTS.

For the information of those who are not authors, we will state that MANUSCRIPT INTENDED FOR PUBLICATION MUST BE WRITTEN ON BUT ONE SIDE of the sheet. If greater care was taken in the preparation of copy, much trouble would be saved to printers, and mistakes would rarely or never be made.

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THE

MEDICAL AND SURGICAL REPORTER.

No. 368.] PHILADELPHIA, DECEMBER 5, 1863. [Vol. X.—No. 32.

Original Department.

Communications.

A NOVEL FORM OF DISLOCATION OF THE FEMUR REDUCED BY MANIPULATION—ALSO A DISLOCATION OF THE FEMUR OF SIX WEEKS STANDING REDUCED BY DR. REID'S METHOD.

By John Swinburne, M. D.,

Of Albany, N. Y.

To the student and the profession, dislocations are formidable and important accidents, and call for much courage and perseverance to dispose of rare cases satisfactorily, since if he fail in the attempt, disgrace follows, while if success crowns his efforts his reputation is materially advanced. Surgery, unlike medicine, is a positive and tangible science, and surgeons, like physicians, are judged by the success attending upon their efforts. In surgery, however, unlike medicine, all defects as well as all successes remain as a living witness, and hence the desire on the surgeon's part to be always successful. If any members of our profession were to have slept for the last twenty years after the manner of old Rip Van Winkle, they would not recognize their former selves (professionally), and in no branch of the profession would this have been more apparent than in the treatment of dislocation of the femur by manipulation.

To Dr. Reid, of Rochester, N. Y., are we indebted for demonstrating fully the laws which govern this reduction. He has given full direction for the reduction of all the ordinary forms of dislocations of the hip. Professor Nathan Smith, of New Haven, Conn., (see Smith's Surgical papers), some years since demonstrated the feasibility of this operation, but reports only one case of reduction, while the rules of reduction were such as to render the operation doubtful by them. To my mind his paper wanted much to make it practical, and for that and other reasons the profession have not profited by his knowledge and experience. It therefore devolved upon Dr. Reid to point out the precise mode in which all ordinary forms of hip joint dislocations can be reduced by manipulation. Since the reading of the paper of Dr. Reid, I have adopted his method, and have never failed in the reduction of a single case. This I deem more worthy of note, since his mode of reduction is equally applicable to either of the ordinary forms of dislocation. This fact I have repeatedly demonstrated. It is also applicable to old standing dislocations, as will be seen by the annexed report of a case in point.

It will be seen that the anomalous case hereinafter reported did not come fully within the general rule as laid down by Reid, still without the knowledge of his rules and mode of manipulation, I should have failed in the reduction, as will be apparent as we proceed.

To Dr. Bailey, of Chatham, N. Y., the attending physician, I am indebted for the following history. Mr. L——, aged about forty years, of tolerably good constitution, a farmer by profession, had left a heavily loaded ox cart with the tongue supported about 2½ feet from the ground, upon a stake or piece of barrel; subsequently wishing to lower the tongue to the ground, he knelt on his left knee, his right foot resting on the ground, the femur representing a horizontal plane upon which the tongue was to be eased or lowered, and thence gradually to the ground. The great weight of the load was suddenly transmitted to the thigh through the tongue, and coming in contact with it near the body, and acting upon the hip joint as a lever of the third kind, driving the head of the femur directly downward over the side of the pelvis and tuberosity of the ischium, and lodging near the anus and below the pelvis. Here the head could be plainly felt, the femur was semiflexed upon the pelvis and strongly abducted, so that abduction was impossible. Attempts at reduction by Jarvis's adjuster proved unavailing, as would pullying, which however was not tried, since the force thus applied would have served only to fasten the head of the femur already inside the pelvis more firmly. The Reid method *per se* being adduction, semicircular motion, flexion, rotation, etc., would be inadmissible, since adduction could not be performed in this dislocation without doing violence to the soft parts.

I saw the case about twenty-four hours after the accident, and found the parts much swollen and otherwise in the condition previously described. I was unable to abduct or extend materially. Pully-

ing was out of the question for the reason already given. The reduction therefore resolved itself into abduction, flexion, rotation, etc., until the bone was dislodged from its confined position, after which the semicircular sweep combined with rotation and swaying, effected complete reduction. The patient (being fully under the influence of chloroform) was placed on his back. Drs. Bailey and Mull fixed the pelvis. The leg was first flexed on the thigh, the thigh still more strongly abducted and flexed and then made to describe a semicircle outward instead of inward, (as is ordinarily done by the Reid method for ordinary dislocations) until the limb was nearly on a line with the body, when the flexion was increased so that the thigh was made to nearly touch the abdomen, where by dint of rocking and swaying to and fro, the head of the femur slid back into the acetabulum with an audible snap. The whole operation occupied about fifteen to twenty minutes. In this reduction the head of the femur described the segment of a circle, starting at the posterior and internal border of the tuber ischii and passing along its inner side to the ramus of the ischium and pubis where it emerged from the pelvis, and mounted outside of the pelvis, passing over the obturator foramen and thence into the acetabulum.

Six weeks after the reduction, the family physician, Dr. Bailey, writes me that the patient was well and walking with ease and with scarcely a perceptible halt.

M. M., aged 36, Irish, applied to me, September 26, 1855, for the purpose of having his hip reduced, which he stated had been out six weeks. He gave me his history, of which the following is the substance. While at work on the railroad near Saratoga Spa, he was thrown from a hand-car which was in motion on the track. It struck him in such a manner as to bend his thigh upon the abdomen, forcing the head of the bone backward into the sciatic notch. His surgeons attempted reduction by manipulation after the Reid method for half an hour, but failed to reduce it. Three weeks subsequent to this, when he was able to crawl about on his crutches, other surgeons tried Jarvis's Adjuster for three hours and failed. Some time after the receipt of the injury the senior surgeon of this city saw the case and advised non-interference. He was again consulted the day before its final reduction, and again repeated his advice of non-interference, and that he should cover the limb with woolen, keep it warm, and try and overcome the neuralgic pain. Upon careful examination I found considerable swelling of the limb, and great tenderness of the sciatic nerve, owing to the pressure of the bone against the sciatic flexus. Efforts to work gave great pain, as did also rotation and flexion. I assured him that though it was a doubtful case, we would do the best we could to reduce it. The reduction was effected in the consultation room of my office, in the presence of several physicians and medical students, who administered chloroform and assisted me in the management and manipulation of the case. The ordinary movements as detailed by Dr. Reid in the transactions of the Medical Society of the State of New York, were resorted to. The reduction was completed in about thirty minutes with much effort but without any audible or perceptible noise, and I presume this was due to the adventitious deposit in the acetabulum. He was sent to the City Hospital.* Some considerable inflammation followed, which continued for a few days. Eighteen days after the reduction he was discharged with perfect use of the limb. Two years after this I saw him in Saratoga, when he informed me that he had never experienced any trouble from the dislocation after leaving the hospital.

MEDICAL FRAGMENTS.

By A. P. Dutcher, M. D.,

Of Enon Valley, Lawrence County, Pennsylvania.

A Case of Rickets.

This disorder is one almost exclusively confined to childhood. It usually manifests itself between the first and second year, or rather about the time the child makes its first attempts at walking. Its lower limbs are unable to bear the pressure of the head and trunk upon them. Its cardinal pathological feature is a deficiency of earthy matter in the bones, which is evidently the result of a want of osseous matter in the blood. In this respect the bones are not properly nourished; cartilaginous and gelatinous constituents abound in them, and the skeleton, the great frame-work of the body, is not able to sustain the superincumbent structure.

In very bad cases of this malady, we will find contortions of the bones of the pelvis, the spine, the thorax the head, and the upper and lower extremities. The stature of children affected with the disorder is commonly short; the head is large and the forehead protuberant; the face remarkably triangular, with a very sharp, peaked chin, and projecting teeth; the chest narrow and prominent in front, constituting what has been called by some writers *pigeon breasted*. This particular form of the chest, in the absence of any catarrhal or bronchial difficulty, we regard as highly characteristic of the rickety diathesis. We occasionally meet with this malformation of the chest in a child, while the form of every other part of its body is perfect. This was the condition of the little patient whose case I am now about to record.

*The history of this case will be found in the Albany City Hospital Record, as Surgical case 264.

About a year since, I was invited to see a little daughter of the Rev. Dr. S——, aged four years. She was of the marked nervo-bilious temperament —black hair, dark eyes, sallow complexion, a beautiful and expressive countenance, and a well balanced brain. Her father and mother were of the same temperament, large and well formed persons, and have always enjoyed good health. I was informed by her mother that she had passed through the period of infancy without any special malady, and up to the time of my visit her health had been uniformly good. She is as large as little girls of her age, and her parents think that she would be all right if she could walk, which she has never been able to do. Several physicians have been consulted, various opinions have been given, and a multiplicity of means recommended and employed to remedy the defect, but all to no purpose.

On examining the spine, pelvis, and lower extremities, I could discover no deficiency either in their form or size, and from their general appearance there was nothing to infer the existence of rickets. On inspecting the chest, one of her shoulders appeared larger than the other, and the muscles of the back felt unusually soft and thin. In front the ribs were much more yielding than natural, and were thrust forward in such a remarkable manner from the second to the seventh, that the true character of the disorder could not be mistaken by any one acquainted with its diagnosis. Although the chief difficulty appeared to be a want of muscular ability in the lower extremities, rendering the child unable to walk, or even support the erect posture without aid, yet there was evidently a rickety condition of all the bones of the skeleton, the *pigeon breast* furnishing a direct clue to the true difficulty.

In treating this disorder, the chief indication is to improve the general condition of the system, and promote a more active nutrition of the bones in particular. The only therapeutical agent employed in this case was Dr. Churchill's *hypophosphite of lime*. This was given in teaspoonful doses three times a day for more than six months, when the rickety condition of the system was entirely overcome. And at the present writing my little patient appears to be in the enjoyment of the most perfect health, erect, straight as an arrow and nimble as a deer, and the only remaining sign of the disease is the pigeon breast; this, however, is not so prominent as at first, and does not constitute a marked deformity. I regard the hypophosphite of lime a very valuable therapeutical agent in this condition of the system. It should be given as soon as the first symptoms of the disease are manifested, and continued as long as a single vestige of the disorder remains. Where the malady has made some progress it will sometimes have to be administered a long time before any benefit will be experienced. In one case I persisted in its use for four months before any amendment was discovered, after this the patient improved rapidly.

The case which has just been described was not regarded as rickets by any of the physicians who had examined her. They all overlooked the constitutional malady and addressed their remedies to the local trouble, thus furnishing us with another marked example of the importance of a correct diagnosis in the treatment of the various maladies which afflict mankind. Local remedies will never cure a constitutional disease, and as a vast number of symptoms and physical signs are but the local expressions of a constitutional malady, we cannot always interpret disease correctly if we suffer our minds to be exclusively occupied by one or the other. We must take them all, conjointly and individually, trace out their connection, and show the relation which each one has to the whole. In this way our diagnosis will be more than a conjecture, and our treatment more than an experiment.

How far the pigeon-breasted thorax may be relied upon as a sign of the rickety diathesis, every practitioner must determine for himself. To distinguish this form of the breast from the pigeon breast of catarrh or bronchitis, is, I am aware, not always an easy matter; but if proper care be exercised there is no necessity for a mistake in our diagnosis. All that is requisite for us to keep in view on this point is, that in the pigeon breast from rickets, all the ribs are softened, hence the deformity includes all of them, and extends from its base to its apex. In the pigeon breast from bronchitis the upper part of the thorax is flattened from before backward, it is only the lower end of the sternum which is thrust forward. The little patient is pigeon-breasted, but it is only pigeon-breasted at the inferior part of the chest.

[To be continued.]

Advice to Medical Students.

Next to a knowledge of the profession, or even before it, the way to succeed in medicine is to possess a knowledge of human nature. That is to be got by living in public; by incessantly mixing with your fellow-creatures, watching their peculiarities, imitating their excellencies, avoiding their foibles, and behaving yourself with truthfulness, frankness, generosity and plain dealing. Shy men do not get on well in the world, nor do absent men, nor do people with a reserved and distracted air, nor slow, awkward men, nor people who hedge, and trim, and potter, and never give a plain answer to a plain question, and never seem able to form a positive opinion and stick to it. But the sovereign cure for all these infirmities is the course we recommend. Verify all facts by your own senses; never be a mere bookworm, and never prefer solitude to good society.—*London Medical Times and Gazette.*

Hospital Reports.

Philadelphia Hospital,
Nov., 1863.

Surgical Clinic of Dr. D. Hayes Agnew.

Reported by *Drs. Reeve* and *Ford.*

Talipes or Club-foot.

This is a very common affection, but often a very grave one, creating deformity for life if not judiciously treated, and at the proper time, which is in infancy or early childhood.

The foot generally assumes one of five positions, viz.: First, *Pes Equinus*, or that in which the heel is drawn up by the contraction of the gastrocnemius and soleus muscles acting upon the tendo Achillis. This deformity is the most common, and is generally complicated with some of the other varieties. Second, *Pes Calcaneus*, in which the toes, instead of the heel, are drawn up by the flexors of the foot and extensors of the toes. Third, *Varus*, or that in which the toes are drawn inward by the contraction of the adductor muscles; it is nearly always complicated with Pes Equinus. Fourth, *Valgus*, the reverse of Varus, as the toes are turned outward; the muscles contracted in this variety are antagonistic to those in Varus, being the peroneus. Fifth, *Pes Talus or Plantaris*, in which the patient walks upon the dorsal surface of the toes and metatarsal bones; this is by far the rarest form of the deformity. The real cause of these deformities is a mooted point, most probably it is to be found in some peculiarity of the nerve endowments of certain groups of muscles.

Case.—This boy, aged eight years, is a very fine illustration of the variety Pes Equinus. The case is quite remarkable in some respects. First, you will notice that the feet are as large as you would expect to see them in one of his age; this is very uncommon, for, in the great majority of cases the feet are much smaller and the bones are imperfectly developed; but in this example the feet are perfect, except the deformity mentioned, this not being conjoined with varus, as is usually the case.

In children you may commence the treatment as early as the eighth or twelfth week, and unless the distortion is great, it may be corrected by the shoe, without using the knife, care being always observed to prevent the skin becoming chaffed by pressure, using, with this view, cold bathing, friction with a flannel cloth, or soap liniment.

The tendon at fault in the present case, is the tendo Achillis, and the operation is performed by extending the foot, picking up the skin over the tendon, making a small puncture, and inserting, flatwise, a blunt pointed tenotome between it and the tendon; then turning the edge against the tendon, and by pressing the instrument and forcibly flexing the foot, the stricture will be divided with a snap. The foot is now to be forced into its proper shape and retained there, which latter indication is very nicely carried out by an ingenious instrument prepared by Mr. Kolbe, by which the heel can be brought down to any extent, the toes being elevated at the same time. This instrument should not be removed for at least three days after being adjusted, unless there should be great pain and swelling. A roller should first be applied to protect the parts from pressure and prevent swelling.

Some surgeons prefer the old method of letting the foot remain at rest for two or three days after the tendons are divided, until reparative material to some extent has been formed; the heel is then brought down very gradually, only three or four lines daily. Others prefer to bring it down at once and retain it there, for union will take place though the divided ends be some distance apart, and no more inflammation will be created by this mode of procedure than by the other.

The time required for a cure varies very much. The patient should always wear the instrument for several months, and after that time a stiff shoe or boot for some years, for there is a tendency to the reproduction of the deformity for a long time.

Encephaloid of the Testicle and Its Excision.

Encephaloid of the testicle is not an unfrequent disease; like scirrhus of the testicle, it is malignant. The symptoms of the two diseases are very different. Encephaloid of the testicle is soft and elastic, grows rapidly, and may attain a great bulk. The pain is slight at first, but becomes severe as the disease progresses. There is enlargement of the subcutaneous veins. This disease occurs at all periods of life, though principally in young persons, and will prove fatal in a period varying, on an average, from nine months to one year.

Scirrhus of the testicle is hard, inelastic, of slow growth, and never becomes large. The pain exists from the beginning, and is sharp, deep-seated, and lancinating. There is no enlargement of the subcutaneous veins. It always occurs in advanced life, and is extremely unfrequent. The following case is illustrative:

F. S., aged forty-two years, was before the class October 31st, on account of encephaloid disease of the right testis. About seven weeks from this date his left testis was removed on account of similar disease. Four weeks after the operation, when the parts had healed, the remaining organ began to attract his attention, on account of an uneasiness which he felt there. It was painful,—the pain shooting up from the testicle in the direction of the spermatic cord—enlarged, somewhat elastic, and rapidly increased in size. A lotion of lead-water and opium was applied up to the 31st of October, when excision of the organ was performed. The parts were grasped with the left hand so as to make the skin tense, and a straight incision was made from the upper end of the testicle to its lower extremity. The spermatic cord was then detached from the surrounding structures, its vessels ligated, and then detached. Other small vessels may require the ligature, but in this case it was useless. The ligature was brought out the upper end of the wound, which was closed with several interrupted silver-wire sutures. Cold-water dressings were applied until suppuration commenced, when they were discontinued and warm-water dressings substituted. The patient was then put on tonics and generous diet. On the thirteenth day after the operation the ligature came away, and the parts rapidly healed. The case progressed satisfactorily, without any adverse symptoms, and is now nearly well. The patient has had no sensual desires and no erection of the penis since the operation. The only plan of treatment in such cases, is prompt removal as soon as the character of the case is fully ascertained.

Jefferson Medical College,
November 28, 1863.

Surgical Clinic of Prof. S. D. Gross, M. D.

Reported by *Dr. J. Gordon Maxwell.*

Staphyloma of the Cornea.

C. L., four years of age, an intelligent little child whose vision was almost entirely destroyed by spherical staphyloma of both corneæ.

In commenting upon the case, Professor Gross remarked: The immediate cause of staphyloma is a

weakened and attenuated condition of the cornea, especially of its central portion, from inflammatory action, thus rendering it incapable of resisting the aqueous fluid. The cornea soon becomes opaque, tough, hard and thickened. As these changes progress, the membrane gradually projects beyond the lids, descending toward the cheek, as noticed in the present case. Vision is always greatly impaired, and frequently completely destroyed. In the incipient stage, a general antiphlogistic course will sometimes be of service, if not in permanently arresting the disease, at all events in staying for a time its progress. In the present case, however, these means would be out of place, and the only remedy left us is excision of that portion which projects beyond the edges of the lids.

An assistant holding the child, the Professor seized the apex of the tumor with a tenaculum and removed the projecting portions of both corneæ with a sharp, narrow bistoury, carried from above downward, cutting off the requisite amount with a single sweep, care being taken not to include too much substance; the eye should collapse from the escape of its humors. The lids were then closed with isinglass plaster and the child put upon general antiphlogistic treatment in a dark room, with the head and shoulders properly elevated.

Arterio-venous Aneurism—Aneurismal Varix.

Captain Z., thirty years of age, of Philadelphia. Through the kindness of Dr. ATKINSON, Professor GROSS was enabled to present to the class a beautiful illustration of this peculiar form of aneurism. The history of the case is as follows:

On the 20th of August, 1862, at the second battle of Bull Run, the captain was struck by a round musket ball, which entered diagonally about an inch and a half above the popliteal space, passed between the femoral artery and vein, making a very small communication between them. The wound healed kindly, but left an aneurism. Upon the examination at the clinic, no tumor was discoverable, but the ear detected a peculiar sawing sound, and the hand a sensation like that produced by the purring of a cat. As the captain's health was excellent and he suffered no inconvenience from the aneurism, Professor GROSS considered non-interference as the proper course to be pursued.

He then drew attention to the rarity of this form of aneurism. He also pointed out the marked difference in the appearance of the wound made by the entrance and exit of the ball; in the present case, the former, he said, was remarkably depressed or hollow, whereas the latter was on a level with the surrounding surface.

Necrosis of the Lower Jaw from Ptyalism.

P. H., forty-five years of age. Several years previously, during an attack of illness, large quantities of mercury were injudiciously administered to the patient, which resulted in profuse ptyalism, and consequently necrosis of the lower jaw. When brought to the clinic, the right side of the face presented the appearance of a large bony tumor with a cicatrice on its under surface, from which nature had been endeavoring to throw off the dead bone. Upon opening the mouth, a portion of denuded bone about an inch and a quarter in length was seen, of a whitish color, surrounded by diseased gum, which not only affected the mouth but also the breath. A probe being brought in contact with the exposed bone, a peculiar ringing sound was emitted, very different from that of healthy bone. Six teeth were loose, and were accordingly extracted as a preliminary step. The Professor then enlarged the sinus and with the forceps removed the necrosed bone, which extended through the alveolar process down to the body of the jaw; the canal was then washed out with the syringe, in order to free it of any débris that might remain and act as an irritant. The after treatment consisted mainly in attention to cleanliness and the free use of chlorinated soda and water, with tonics internally.

The patient returned a week afterward, and stated that he was nearly well.

PHILADELPHIA DISPENSARY,
OBSTETRIC DEPARTMENT,
Nov., 1863.

CLINIC BY E. A. SPOONER, M. D.

Reported by *J. H. Sherk*, M. D.

Anteversion of the Uterus.

In anteversion of the uterus, the displacement is such that the womb occupies a transverse position in the cavity of the pelvis, the fundus being directed anteriorly against the neck of the bladder, toward the symphysis pubis; whilst the os uteri, looking posteriorly toward the sacrum, is frequently found closely pressing the rectum. Many obstetrical writers speak of this displacement as being exceedingly rare, whilst some others treat of it as a variety comparable, both as regards the attendant suffering and the curability of the affection, to the far more common and much more manageable displacement, known as retroversion of the uterus. Since the utility of the uterine sound, as a means of diagnosis, has been demonstrated, the comparative frequency of the affection has been established, and various means for relief suggested.

The symptoms of anteversion are both functional and physical. Many of the functional symptoms are identical with those resulting from the other displacements, such as hysterical and neuralgic pains in the head, mammæ, side, back, limbs, etc., indigestion, constipation, dysurea, retention or incontinence of urine, pain with sense of weight in the region of the womb, etc. Occasionally, menstruation is so deranged as to give rise to dysmenorrhœa or menorrhagia, whilst frequently the mucous secretion is so changed as that leucorrhœa results. These functional symptoms may be partially or nearly all wanting, hence it follows that a per vaginam examination by the touch, speculum, and uterine sound, are each or all essential to the completion of the diagnosis. It is, indeed, by means of the physical symptoms that the various displacements of the womb are recognized and distinguished the one from the other. In the examination with the finger, the direction of the os will nearly always establish the fact of the existence of anteversion, for it will be found high in the posterior portion of the vagina, often barely within reach of the finger, save upon the exertion of considerable force in its introduction. But it is upon the evidence afforded by the manipulations with the uterine bougie or sound that the confirmation of the diagnosis will eventually depend; and this is established by observing the direction the sound assumes in its entrance within the cavity. Thus it is evident that when, in entering the womb, the sound is so directed that the handle looks downward and backward, the inference is conclusive that the fundus occupies the position before described.

The treatment of anteversion consists in restoring the uterus to its normal position, applying such remedies as will tend to its retention in situ, together with efforts at removal of any concomitant, morbid conditions which co-exist; such, for instance, as congestion, hypertrophy, inflammation or ulceration of the os and cervix uteri, etc., etc.

The case before you, gentlemen, evinces at once the peculiarities of the symptoms, together with certain accompanying morbid conditions, suggestive of means for both local and general treatment.

M. W.; aged thirty-three; American; married; the mother of five children, all living, youngest eighteen months old; commenced to menstruate about eight months ago, when she ceased to nurse her child; she has since menstruated regularly. She presented herself here some months ago, complaining of headache, pain in her thighs, bearing-down sensations, etc. There was impaired digestion, constipation, and a general condition of anæmia. There was incontinence of urine, that is, she was constantly distressed with a painful desire to urinate, the urine occasionally passing involuntarily; with this there existed heat and soreness of the external genitals.

Incontinence of urine is frequently caused by pressing of the uterus upon the bladder, forcing it against the symphysis pubis, obliging the patient to pass urine very often, on account of the diminished calibre of the bladder. This falling forward of the fundus of the uterus, or anteversion, and the consequent pressure upon the bladder, may be caused by an enlargement of the uterus, the result of congestion and relaxation of its ligamentous and vaginal supports, or by pregnancy.

The introduction of the finger discovered the os posteriorly high up in the vagina. The speculum revealed no disease of the vagina, os, and cervix uteri. The sound introduced within the uterus took a direction anteriorly, indicating anteversion. The treatment consisted of a support to the abdominal parieties externally, cantharides, iron, quinia, etc., to correct the incontinence of urine, with a view of aiding, by the distention of the bladder, a return of the uterus to its normal position, and to improve her general condition. She returns, after two months' treatment, to express her gratitude for the entire relief of her distressing symptoms.

Editorial Department.

Periscope.

Treatment of Orchitis by Puncture.

Puncture of the healthy testicle, it is well known, is almost certain to cause severe inflammation, if not hæmatocele; and so, too, a wound of a serous cavity, as the knee, pleura or abdomen, will likewise, with as much certainty, produce an inflammation which will even jeopardy life; yet it has been demonstrated that the knee, pleura or abdomen may not only be relieved, but placed in a fair way towards recovery by withdrawing the effused liquid. Dr. Beaney (*Dublin Med. Press*) pursues the same course in orchitis with as happy results. He found, after twenty *post mortem* examinations, that the tunica vaginalis was in a state of inflammation, and distended with turbid serum; the epididymis was enlarged at its lower part, and very much thickened and indurated; the testes were *slightly* enlarged, and their vessels considerably injected. We have hitherto been taught to regard the disease under consideration as an inflammatory affection of the parenchymatous texture of the testicle, the pain being attributed to the strangulation of the inflamed organ by the unyielding nature of the tunica albuginea; but, from the pathology of this affection, he is inclined to consider that it is the serous covering of the testicle—the tunica vaginalis propria—that is primarily affected, the vascular condition of the testes being merely a secondary lesion. Immediately an outlet is made for the escape of the effused fluid, the pain in the testicle at once subsides, and it will be found but very slightly enlarged.

The disease hitherto termed "orchitis" is an acute inflammation of the vaginal tunic, exhibiting the same phenomena as inflammation of serous textures in other situations; thus, the redness of the skin, the hardness and swelling, together with the sickening pain felt in the testicle, are only symptoms of the distended condition of the serous investment of the testicle.

His plan of treating all stages of acute inflammation of the testicle and its coverings is by evacuating, as early as possible, the effused fluid contained in the tunica vaginalis by means of a small trocar and canula, which fulfil all the requirements of the surgeon. The patient stands erect; then, by grasping the testicle as in hydrocele, the trocar and canula are plunged into the most dependent part of the scrotum, and the serum completely evacuated. He is directed to keep his bed, with a local application of the acetate of lead and opium; and a cure is generally effected in six or seven days.

A New Test for Milk.

By Dr. Alfred Vogel.

Dr. Vogel, after alluding to the different methods which have hitherto been adopted for testing the purity of milk, describes an apparatus devised by himself, and which is founded upon optical principles. The chief adulteration of milk is water, and the quality of pure milk depends upon the greater or less abundance of oil globules which it contains. The principle on which Dr. Vogel's test is founded is the impermeability of milk to the rays of light, and his first experiment was made with a flat bottle, such as is sometimes used for keeping scents. A taper was placed behind the bottle, and a certain quantity of water was poured into it, the flame of the taper being, of course, seen through the water and the glass sides of the bottle. Milk was now gradually added to the water, until the flame of the taper became invisible, and a repetition of the experiments proved, that invariably at that moment of the addition of the same drop of milk the last ray of the light from the taper disappeared. Hence it was shown, that a measured layer of water between two parallel glasses always becomes, by the addition of a measured quantity of milk, so opaque that a light can no longer be seen through it. The same milk was then diluted with water, and it was found that a greater quantity of this diluted milk must be added in order to render the mixture opaque. Dr. Vogel's apparatus consists of the following materials, namely:—1. A glass for mixing the water and milk, having a gradulated scale marking exactly 100 centimetres; 2. A test-glass, with parallel glass sides separated exactly half a centimetre from each other; and, 3. A fine, graduated pipette. Dr. Vogel gives minute directions for using this apparatus; but the principal operations consist in first pouring water into the mixing-glass, and gradually adding milk from the pipette. The mixture is then shaken and poured into the test-glass, behind which a lighted taper is placed. If the light is still visible, the mixture of water and milk is poured back into the mixing-glass, and a measured quantity of milk is added, and then the mixture is again poured into the test-glass. By a little practice, the exact time is soon ascertained when the light is on the point of disappearing, and when it has quite disappeared the experiment is at an end. It is thus ascertained how much per cent. of milk is necessary to cause the complete opacity of a layer of water half a centimétre in thickness.

This very simple, and, at the same time, ingenious, contrivance of Dr. Vogel is well worthy of attention, considering the great importance of milk as an article of diet for all classes of the community, especially children, and considering, also, that the most common adulteration of milk, namely, water, is the most difficult of detection.—*London Medical Times and Gazette.*

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, DECEMBER 5, 1863.

A NEW VOLUME—THE TIME TO SUBSCRIBE.

With the first issue in Jannary, 1864, will commence the *Eleventh Volume* of the MEDICAL AND SURGICAL REPORTER in its weekly form.

It will be an opportune time for new subscriptions to begin. We have offered to subscribers extraordinary inducements to add new names to our list. For every new subscriber with the money ($3), for a year in advance, we will either credit the subscriber sending the name *One Dollar* on account of his subscription, or send him one dollar's worth of Books or Surgical Instruments. See our book advertisement. A great many subscribers are already taking advantage of this offer. See "Answers to Correspondents."

We hope to be able to send out *a thousand dollars worth of Books and Surgical Instruments* before the first of February. An extension of our subscription list will benefit all our subscribers, and the profession at large, by giving us the ability to further improve the REPORTER.

For further particulars, see Prospectus on the cover in every alternate number.

THE EPIDEMIC AT GIESBORO', NEAR WASHINGTON.

Last week we referred to a disease that had broken out among the contraband laborers at the Government corral at Giesboro', near Washington. According to recent reports the disease is becoming more and more virulent, and the deaths number five to ten daily. It is not improbable that, as we suggested last week, the disease is dependent upon the impure exhalations and urinous odor that abound where so many horses are kept, especially as no effective disinfectant is employed to neutralize the foul emanations.

The first symptoms of the disease are said to be a slight chill, accompanied by a painful or distressing local sensation either in the hand, arm, foot, knee or back. A stupor follows the chill, after which the disease assumes its most virulent stage. Severe pain is felt in the head and breast; great prostration of the muscular strength attends almost invariably; petechiæ, or spotted eruption of the skin, follows, and the tongue becomes black. The last symptom of the disease is that of vomiting—a most disgusting substance, resembling *fæces*, being thrown from the stomach. In from six to twelve hours after being attacked, the disease generally leaves the patient a corpse.

Many of these symptoms are very similar to those of the disease which a few months ago prevailed in the vicinity of Philadelphia, and in other parts of the country, under the names of "Spotted Fever," and "Scarlatina Maligna." A disease which was very likely of the same general character as this, also prevailed among the negro population of this city in 1819–1821 under the name of "The Negro Fever."

As to the treatment of the disease, the indications would seem to point unmistakably to prompt and decisive stimulation. Preventive measures should not, however, be overlooked. It is represented that bad diet, irregular labor, and low, marshy ground, are the incipient cause of the epidemic at Giesboro'; and until these causes of sickness are removed, or rendered inoperative, we cannot expect a more favorable report from that locality. The use of efficient disinfectants would undoubtedly aid in removing the causes of the disorder.

It is said that in 1847 a similar disease prevailed in the vicinity of Washington among a regiment of South Carolina troops, who were called into service at a most inclement season, without arrangements for hospital attendance, and without medicines or hospital stores. In this condition they were exposed in tents in rough weather, on the Washington race course, and fell sick in great numbers, and suffered severely.

SUFFERINGS OF UNION PRISONERS IN RICHMOND.

For some time past the newspapers have teemed with accounts of the sufferings of Union prisoners in the hands of the insurgents. It seems that they hold about 13,000 men, most of whom are occupying very poorly provided and uncomfortable quarters in and near Richmond. They refuse, on

technical grounds, to exchange these men, although the Government holds two or three times as many. We had hoped that these reports were exaggerations and unworthy of notice, but they are now so well authenticated that it is impossible to doubt that there is too much foundation for the complaints.

A statement of the condition of the prisoners, published by some of the surgeons who were released last week, is inserted in another column.

In extenuation of the conduct of the rebel authorities in this regard, it is claimed that they treat the prisoners as well as they have the ability, that they have not the food and clothing for them, that they themselves are many of them in the same condition that the prisoners are. We do not doubt that there is some truth in this view of the case. We cannot believe that the rebel authorities would try to accomplish ulterior objects by voluntarily submitting prisoners to a course of starvation.

We are glad to announce that clothing and provisions have been forwarded to our suffering prisoners, and that they have reached their destination.

But if we rightly understand the case, this provision will have to come from private beneficence, through voluntary associations, like our Christian and Sanitary Commissions, and as large amounts will probably be needed, we trust that our readers will be contributors to the fund for their relief.

Notes and Comments.

Barclay's Medical Diagnosis.

Among the numerous orders that we are filling for medical books for our subscribers, there is no work that is called for so frequently as Barclay's Medical Diagnosis. We are glad of it; for we regard it as one of the most valuable books published. The subject it treats of—the diagnosis of disease—lies at the very foundation of an intelligent and successful treatment of the various maladies that fall under the notice of the physician.

We would again urge upon our readers the importance of the class of books that treat of the *principles* of our science, and if through our influence such works shall become popular in the profession, both they and the public will be the gainers, and we shall feel that we are well repaid, in the amount of good we have been the means of doing.

An Ambulance and Hospital System.

A number of the prominent physicians of Massachusetts "believing that there is a painful doubt in the mind of some persons whether everything has been done toward providing a proper and uniform ambulance system for all the armies of the Republic, and believing also that *some* plan should be digested by order of Congress, and legally established," recommend physicians throughout the country to circulate and obtain signatures to the following petition, and forward it to some Senator or Representative in Congress:

To the Honorable Senate and House of Representatives in Congress assembled:—

The undersigned of in the State of respectfully request your Honorable body to pass a law providing for a uniform Ambulance and Hospital system for the armies of the United States.

Names.	Residence.

Abortionists.

Occasionally one of these criminals is brought to punishment—we were going to say *justice*, but the punishment is generally so disproportionate to the heinousness of the crime that it would be a mockery to call it justice. One or two in New York, and one in this State have recently been convicted and sentenced to the penitentiary. "Dr." A. L. Alstead was convicted in Dauphin county, in this State, a few days ago, for causing a criminal abortion, and sentenced to pay the costs of suit, a fine of $100, and to a confinement of three years and four calendar months in the Eastern Penitentiary.

There are scores of professed abortionists in our large cities who ply their iniquitous business, and go unwhipt of justice. Much of it is done under the guise of medicines "for female diseases," which are advertised in the newspapers, accompanied with the warning that the medicines should not be used at "certain times." The law should deal severely and promptly with these criminals.

County Medical Societies.

The Reporter goes to subscribers in many counties in this and other States in which there are no medical organizations. We take it for granted that our readers are among the more intelligent members of the profession in their several localities. They are the ones therefore to take the initiative in the matter of organizing the profession. Let them enter promptly upon the work, so that at the approaching Spring sessions of our National and State medical organizations, many counties now without societies will be creditably represented.

Release of Surgeons.

Sometime since we expressed the hope that the escape of Dr. W. P. RUCKER, on whose case the exchange of medical officers seemed to hitch, would have the effect of again starting the wheels of exchange. Either that solution of Dr. RUCKER'S case, or something else has had the effect of releasing a large number of medical officers who have for some time been in the hands of the rebel authorities. They arrived in Washington on Thanksgiving day, November 26th.

We trust that this is the last time that medical officers will be held as prisoners of war on either side.

The released Surgeons have been granted twenty days leave of absence.

Correspondence.

FOREIGN.

LETTER FROM Dr. W. N. COTE.

PARIS, *Nov.* 6, 1863.

Quinia in Typhus Fever.

It is generally understood that quinine produces little or no effect in typhus fever; nevertheless, it is not unfrequently administered in that disorder by way of trial, and in order not to throw away a chance. Dr. PECHOLIER, of Montpelier, has lately addressed a paper to the Academy of Sciences, in which he considers the application of quinine in three distinct cases: 1. When the typhus fever is not complicated with any other disease, quinine and Peruvian bark do not stop its progress, although the intensity of the evening fits is sometimes diminished, and the pulse experiences a slight fall for a short time; but the other symptoms persist and acquire intensity, the fever soon returns to its former violence—and in that case quinine cannot be considered as a specific. 2. When typhus fever is clearly characterized, but complicated with a remittent fever, manifesting itself by the hour, and intensity of fits, quinine will rapidly put an end to the remittance, and even the typhus fever, though it continues its course, offers symptoms of improvement, and generally ends favorably. 3. When typhus fever appears with all its most virulent symptoms, Dr. PECHOLIER is of opinion that it is complicated with a violent malignant fever, which he calls *dothinenteric*. In such cases he has tried bark and its preparations with unexpected success, having found that it cuts the fever at once, and that convalescence begins on the following day, or the second at the latest. Now, as in cases of pneumonia or apoplexy, characterized by periodical returns of increased intensity, and stopped by bark, the conclusion is, that the disease was a pneumonic or apoplectic malignant fever; so, in these cases of intense typhus fever cut by Peruvian bark, Dr. PECHOLIER arrives at the conclusion that the typhoid form is but a mask covering a decided malignant fever. The preparation he has found most powerful, is the sulphate of quinine made up with the alcoholic extract of bark.

Aid for the Wounded in Battle.

An International Congress, at which Gen. DUFOUR presided, opened at Geneva on the 26th ult. The object of it was of great philanthropic importance, the design being to provide assistance for the wounded, in time of war, in the military ambulances. The idea of this Society was started by M. DUNANT, a native of Geneva, who explained his plan some months since in a pamphlet published in that city. He had followed the Franco-Italian armies on the battle-fields of Magenta and Solferino, and witnessed the sufferings of those who had to wait for hours, sometimes for a whole day, for a first dressing. The creation of this Society has, therefore, no other object than to send its members in time of war to offer their aid to the wounded on the field of battle. The success attending Soldiers' Relief Committees in the United States is invoked in favor of this laudable project.

The Water of the Dead Sea.

M. ROUX publishes a paper on the composition of the waters of the Dead Sea, showing that it contains about 9½ per cent. of chloride of magnesium, 6 per cent. of chloride of sodium, 3 per cent. of chloride of calcium, 1½ per cent. of chloride of potassium, and traces of bromide of magnesium, sulphate of lime, hydro-chlorate of ammonia, carbonate of lime, oxide of iron, alumina, and 79½ per cent. of pure water.

The Soda Trade.

M. THIBIERGE states that the soda trade, which had its origin in France, is now visibly falling off in the supply of the raw material, which may now be found in greater abundance in foreign parts. To remedy this evil, M. THIBIERGE proposes to mix sulphuret of iron, or of iron and copper, which exists in vast quantities, with any combustible, such as peat, lignite, coal or coal-dust, and then set fire to it. The result of the combustion would be ashes containing metallic oxides and sulphate of soda, which might afterward be easily separated and transformed into carbonate.

Guaco.

Dr. PANCAL describes the effects of the tincture of guaco, a plant used in Africa from time immemorial as a preservative against the bites of serpents. But as there are several species of that name, besides the *mikania guaco*, Dr. PANCAL combined the latter with the Cuban species, thereby composing a tincture which appears to be extremely useful in the dressing of sores.

Fermentation.

Conformably to my promise, I now revert to the subject of fermentation, which is attracting considerable attention at present. Your readers are aware that M. PASTEUR has proved ferments to be living beings, only to be discovered by the microscope.

Many of his assertions, however, those especially which relate to the question of spontaneous generation, are being now severely scrutinized by those who hold a contrary opinion. Among these is M. Lemaire, who has just addressed a communication to the Academy of Sciences on the subject. Having saturated a liquid containing a large number of *vibrios* (small animalcules remarkable for their lively motions) with carbonic acid, and then closed the tubes containing them by the flame of the spirit-lamp. After forty-eight hours the vibrios all became motionless, and on the sixth day they were all dead. Now, M. Pasteur states that *bacteria* (another kind of infusoria that are generally sluggish and have the appearance of small sticks) absorb oxygen, and that vibrios live on carbonic acid. M. Lemaire denies this, and, on the contrary, maintains that vibrios are but bacteria in a more advanced state of development, since a liquid that contains bacteria in the morning is found to contain vibrios in the evening; and he then asks, not without reason, how such opposite substances can be the food of the same animal. M. Lemaire moreover states, that in neutral vegetable and animal substances, it is the microzoaria or animalcules which first make their appearance in decomposition; and these are followed by microphytes or microscopic plants, when the liquids that are operated upon become acid. In the melon, where sugary and nitrogenized substances are associated with a small quantity of acid, animalcules and mucedinæ, a kind of microphytes, make their appearance simultaneously. Such, indeed, is the influence of acids on the order in which these minute beings appear, that by acidulating neutral vegetable or animal substances to various degrees, microphytes may be made to grow instead of microzoaria, and conversely.—*Paris, Nov.* 12, 1861.

Epilepsy.

It would be no easy task to enumerate all the remedies which have been employed against that obstinate and well nigh incurable disease known as epilepsy or falling sickness. The treatment should vary, according to the cause which occasions the disease. When it is sympathetic and arises from worms, anthelmintics ought to be employed. In some cases of epileptic fits, the oil of turpentine, in doses of from half an ounce to one ounce, has been found a very useful medicine. When teething is the exciting cause of the disease, the inflamed part of the gum should be deeply scarified, the body being kept open with laxative medicines, and the feet bathed in warm water. If the epileptic paroxysms seem to be owing to disordered digestion, the contents of the stomach should be evacuated by an emetic, consisting of a solution of the sulphate of zinc in an aqueous infusion of ipecacuanha, the dose to vary according to the age of the patient, and the different degrees of irritability of the stomach, and so on. Bleeding has been found of some utility in cases where the predisposition to epileptic fits has arisen from a plethoric state of the system, or from a turgescence in the vessels of the head. In those cases, besides bleeding, an abstemious diet and proper exercise, and issues between the scapulæ, or a seton in the neck, may be recommended. The insertion of a seton in the neck has sometimes been attended with considerable relief when, from frequent paroxysms, a morbid condition of the encephalon had prevailed. In those cases, digitalis has also been found serviceable; but to produce a permanent effect, the constitution must be kept under its influence for some weeks, by giving from half a grain to one grain of the powder, or from fifteen to thirty drops of the tincture, three or four times a day. Anti-spasmodics, such as valerian, castor, musk, ether, oil of amber, oleum cajeputæ, arnica montana, belladonna, hyoscyamus, and opium, have been employed with more or less success. Electricity has been tried, but there are few cases on record which have been benefitted by that agent. The younger the patient and more recent the complaint, the greater will be the chance of the electric current being of service.

Hitherto no specific has been found against epilepsy. Dr. Herpin, formerly of Geneva, and now practising in this city, extols the virtues of the white oxyde of zinc in this disease. It may be administered according to the following formulas:

℞. Zinci oxydi, gr. xij.
Pulv. cinnam. comp., gr. xv.
Cinchonæ, 3j. M.

Et in chartul., xij divide, quarum unam sumat ter in die.

Vel,

℞. Zinci oxydi, gr. xxiv.
Extract. gentian., 3ss.
Syrupi., q. s. M.

Ft. massa, et in pil., xij div.

Two may be taken morning and evening, with one ounce and a half of a decoction of Peruvian bark.

Drs. Trousseau and Bretonneau administer, with some degree of success, pills composed of 0.01 of extract of belladonna, and 0.01 of the powder of belladonna.

Breathing Apparatus.

At a late sitting of the Academy of Sciences, M. Galibert described an apparatus for securing free and complete breathing to persons obliged to stay some time under water, or to penetrate into places filled with deleterious gases or smoke. This apparatus consists of a piece of wood having the form and dimensions of the human mouth when open. To this piece of wood two India-rubber tubes are fixed, of any length, according to the exigencies of the case. The man engaged in the operation is further provided with a nose-pincher, or instrument for compressing the nostrils, so as to prevent the introduction of the deleterious gas or of water, as the case may be. The operator puts the piece of wood into his mouth, and puts on the nose-pinchers; he stops one of the orifices with his tongue, and inhales pure air from the other; after which he shifts his tongue to the latter orifice, and exhales his breath

through the other. He continues thus regularly shifting his tongue from one orifice to the other, in the order of the inspirations and expirations; but even a mistake would be of little consequence. A man easily learns the use of the apparatus by a few minutes' exercise. This contrivance has the merit of requiring no preparation, and thus affording a speedy means of affording assistance in the case of fires or of suffocation by water or gases. It might also be used in medicine for the complete immersion of patients in a bath, which might sometimes be advisable.

W. N. CÔTE.

Army and Navy News.

Reports of Killed and Wounded.

(Circular No. 25.) General Orders No. 355. War Department, Adjutant-General's Office, Washington, Nov. 4, 1863.—Medical Directors of armies in the field will forward, direct to the Surgeon-General, at Washington, duplicates of their reports to their several Commanding Generals of the killed and wounded, after every engagement.

By order of the Secretary of War:

[Signed] E. D. TOWNSEND.
Asst. Adjutant-General.

Surgeon-General's Office, Washington, November 11, 1863.—To carry out the intentions of the above order, Medical Directors of armies in the field will detail suitable officers, who will, under their instructions, collate and prepare for transmission to this office all obtainable statistics and data in connection with past and future operations of those armies, which may be essential or useful in the accurate compilation of the Medical and Surgical history of the War. Particular attention is called to the following points:

The morale and sanitary condition of the troops, condition and amount of medical and hospital supplies, tents, ambulances, &c.; the points at or near the field where the wounded were attended to; degree of exposure of wounded, to wit: cold or heat; adequacy of supplies of water, food, stimulants, &c.; mode of removal of wounded from field to field hospitals; to what general hospitals the wounded were transferred—by what means and where; the character and duration of the action, nature of wounds received, &c. When practicable, separate casualty lists will be made of commissioned officers, non-commissioned officers, and privates.

The attention of all medical officers is earnestly directed to the importance of this subject; without their co-operation no reliable record can be preserved—the vast experience of the past will remain with individuals, and be lost to the service and the country.

J. K. BARNES,
Med. Inspr.-Gen., Act. Surg.-Gen.

Hospital Examining Board.

The Hospital Examining Board, convened by Special Orders No. 414, September 15, 1863, from the War Department, and of which Lieutenant-Colonel S. H. LATHROP, Assistant Inspector-General 22d Army Corps, is President, will proceed without delay to inspect and report upon the United States General Hospitals at the following cities:

Harrisburg and Philadelphia, Penn'a.
New York City and vicinity.
Cincinnati, Ohio, and vicinity.
Louisville, Kentucky, and vicinity.
St. Louis, Missouri, and vicinity.
Chicago and vicinity, Mound City, and Cairo, Illinois.

They will also inspect and report upon the manner of forwarding convalescents from these hospitals to their regiments, and present such suggestions as may tend to facilitate their return.

Medical Inspectors.

The following Medical Inspectors, U. S. A., now on duty with the armies constituting the Military Division of the Mississippi, will at once report by letter to Major-General Grant, at Nashville, Tenn., for assignments to duty:

Lieut.-Col. Chas. C. Keeney, Lieut.-Col. Edward P. Vollum, Lieut.-Col. George T. Allen, Lieut.-Col. Lewis Humphreys, Lieut.-Col. John E. Summers.

Special Inspector.

Stillman Witt, of Cleveland, Ohio, is hereby appointed a Special Inspector, to visit the hospitals at Port Royal and Hilton Head, and will report to the War Department. The Assistant Quartermaster at New York will furnish Mr. Witt, his wife and daughter, with transportation in a Government transport to and from Hilton Head, S. C.

Assigned.

The following assignment of medical officers has been made:

Surgeon Charles H. Laub, U. S. A., now awaiting orders in Washington, D. C., to relieve Surgeon Ebenezer Swift, U. S. A., in his duties as member of the Retiring Board at Wilmington, Delaware, of which Major-General McDowell is President.

Surgeon Swift, when relieved, to proceed without delay to the Department of the South, to relieve Surgeon Horace R. Wirtz, U. S. A., as Medical Director of that Department; the latter, on being relieved, to proceed to New York City and report by letter to the Surgeon-General, U. S. A., for assignment to duty.

Assistant Surgeon H. Eversman has been assigned to duty in the office of the Medical Director at Louisville, Ky.

Surgeon George H. Hubbard, U. S. V., has been relieved as Medical Director, District of Southwestern Missouri, Springfield, Mo., and assigned to duty at Fort Smith, Arkansas, as Medical Director, District of the Frontier.

Surgeon Israel Moses, U. S. V., has been assigned to duty as Medical Director and Superintendent of General Hospitals at Murfreesboro', Tennessee. The badly wounded of "Chickamauga" have been sent there.

Surgeon Bernard Beust, U. S. V., has assumed charge of the United States General Hospital at Pittsburg, Penn'a.

Surgeon W. C. Otterson, U. S. V., has been assigned to duty in charge of the General Hospital No. 8, Nashville, Tenn.

Surgeon R. K. Smith, U. S. V., to duty as Medical Director, Port Hudson, Miss.

Surgeon S. N. Sherman, U. S. V., to duty in charge of General Hospital, Grafton, Va.

Surgeon Thomas B. Reed has been assigned to duty in charge of General Hospital, Parkersburg, Virginia.

Relieved.

Surgeon Henry Buckmaster, U. S. V., has been relieved from duty as Medical Director, District of the Frontier, and is awaiting orders at Leavenworth City, Kansas.

Surgeon A. T. Watson, U. S. V., has relieved Acting Assistant Surgeon J. M. Pilsbury, U. S. A., in charge of General Hospital No. 1, Louisville, Ky.

Ordered to Report for Duty.

The following officers will report in person, without delay, to the Commanding General, Department of the South, for assignment to duty:

Assistant Surgeon John F. Huber, U. S. V.
Assistant Surgeon Henry M. Kirke, U. S. V.
Assistant Surgeon Charles H. Hood, U. S. V.

Assistant Surgeon A. M. Sigmund, U. S. V., recently appointed, will report in person to the Commanding Officer at Camp Douglas, Illinois, for duty.

Assistant Surgeon Ira Brown, 65th Illinois Vols., now at Camp Douglas, Illinois, will proceed without delay to join his regiment.

Leave of Absence.

Leave of absence has been granted Surgeon J. R. Duncan, 37th Kentucky Vols., to enable him, as member of the Legislature of Kentucky, to attend the coming session thereof. As soon as the Legislature adjourns, he will at once return to his regiment.

Leave of absence for fourteen days has been granted Assistant Surgeon F. Denicke, 30th and 32d New York Independent Batteries.

Discharged.

The following officers, having tendered their resignations, have been honorably discharged the service of the United States, on account of physical disability, with condition that they shall receive no final payments until they have satisfied the Pay Department that they are not indebted to the Government.

Surgeon James Norval, 79th New York Vols., to date June 13, 1863.

Surgeon John W. Brennan, 1st U. S. Sharpshooters, has been honorably discharged the service of the United States, on account of physical disability from wounds received in action.

Upon the recommendation of a board of officers instituted by Special Orders No. 285, of June 27, 1863, from the War Department, Surgeon C. M. Stockwell, 27th Michigan Vols., has been honorably discharged the service of the United States, on account of physical disability.

So much of Special Orders No. 417, current series, from the War Department, as relates to Assistant Surgeon W. F. Fundenberg, 176th Pennsylvania Drafted Militia, has been rescinded, and Surgeon Fundenberg is hereby mustered and honorably discharged the service of the United States, as of the date his regiment was mustered out.

Assistant Surgeon Milton J. Bowland, Supernumerary Officer of the 71st Ohio Vols., has been honorably mustered out of service.

Resigned.

The resignation of Surgeon William S. Forbes, U. S. Vols., has been accepted by the President, to take effect November 20th, 1863.

Dismissed.

Assistant Surgeon Wallace D. Martin, 62d Pennsylvania Vols. [published officially October 19th, 1863], having failed to appear before the Military Commission instituted by Special Orders No. 53, from the War Department, within the prescribed time, the President directs that he be dismissed the service of the United States, for desertion, to date September 23d, 1863.

Released from Libby Prison.

Ninety-three Surgeons and Assistant Surgeons arrived in Washington, D. C., on the 26th inst., from the Libby Prison, Richmond, Va. Surgeon Daniel Meeker, U. S. Vols., Medical Director to General Milroy, is among the number. They have been granted twenty days leave.

Hospitals at Chattanooga.

Medical Inspector Vollum, U. S. A., reports from Chattanooga, that there are sufficient accommodations there for all the wounded in the late battles at Lookout Mountain, Missionary Ridge, etc., and that medical supplies of all kinds are ample.

Hospital Closed.

General Hospital, McKim's Mansion, Baltimore, Md., has been discontinued.

A Surgeon Wounded.

Dr. L. R. KIRK, Surgeon of the 26th Pennsylvania Regiment, was slightly wounded in the side while attending to his duties on the field, during some recent skirmishing on the Rapidan, Va.

News and Miscellany.

Dislocation of the Humerus.

Dr. GARMS describes, in the *Archiv. der Heilkunde*, the following modification of COOPER'S procedure:

The patient is laid upon the floor, not on his back, but on his belly, some cushions intervening. A towel is attached to the humerus above the elbow, and another, passed round the upper part of the humerus, is given into the hands of the assistant, standing on the side of the dislocated arm. The operator, sitting down on the floor, on the same side, lays hold of the lower towel, and applies the heel of the foot lying nearest the patient to the axilla. He makes extension backwards and downwards, while the assistant draws laterally. The dislocation is thus reduced with surprising facility, the agency of chloroform not being required. The advantage of this modification is, that extension backwards may be far more easily executed than when the patient is in the supine position; and this is the direction required in dislocation forwards, which prevails in the great majority of cases. For dislocation backwards, which is very rare, COOPER'S procedure is the best.—*Canada Lancet.*

Sufferings of Union Prisoners in Richmond—Statement of Released Surgeons.

Washington, D. C., Nov. 27, 1863.—We the undersigned Surgeons of the United States Army, and recently prisoners in Richmond, Va., consider it our duty to publish a few facts that came to our knowledge while we were inmates of the hospital attached to Libby Prison.

We enjoyed, for several months, daily access to the hospitals where the sick and wounded among our Union soldiers received treatment. As a result of our observation, we hereby declare our belief that since the battle of Chickamauga, the number of deaths per diem has averaged fully fifty. The prevailing diseases are diarrhœa, dysentery and typhoid pneumonia. Of late the percentage of deaths has greatly increased—the result of causes that have been long at work, such as insufficient food, clothing and shelter, combined with that depression of spirits brought on so often by long confinement. It may seem almost incredible, when we affirm of our personal knowledge that in the three hospitals for Union soldiers the average mortality is near forty per day, and upon the most reliable testimony we are forced to believe that the deaths in the tobacco factories and upon the island will raise the total mortality among all the Union prisoners to fifty per day, or fifteen hundred monthly.

The extremely reduced condition of those brought from the island argues that hundreds quite sick are left behind, who with us would be considered fit subjects for hospital treatment. Such, too, is the fact as invariably stated by scores we have conversed with from that camp.

The same, to a degree, holds true of the prisoners in the city. It would be a reasonable estimate to put the number who are fit subjects for hospitals, but who are refused admittance, at five hundred. A thousand are already under treatment in the three hospitals, and the Confederate Surgeons themselves say the number of patients is only limited by the small accommodations provided. Thus we have over ten per cent. of the whole number of prisoners held classed as sick men, who need the most assiduous and skillful attention. Yet, in the essential matter of rations, they are receiving nothing but corn bread and sweet potatoes. Meat is no longer furnished to any class of our prisoners, except to the few officers in the Libby Hospital, and all sick or well officers or privates are now furnished with a very poor article of corn bread in place of wheat bread. This is very unsuitable diet for hospital patients prostrated with diarrhœa, dysentery and fever, to say nothing of the balance.

Startling instances of individual suffering and horrid pictures of death, from protracted sickness and semi-starvation, we have had thrust upon our attention.

The first demand of the poor creatures from the island was always for something to eat. Self-respect gone, hope and ambition gone, half clad, and covered with vermin and filth, many of them too often beyond all reach of medical skill. In one instance the ambulance brought sixteen to the hospital, and during the night seven of them died. Again, eighteen were brought, and eleven of them died in twenty-four hours. At another time fourteen were admitted, and in a single day ten of them died. Judging from what we have ourselves seen and do know, we do not hesitate to say that, under a treatment of systematic abuse, neglect and semi-starvation, the number who are becoming permanently broken down in their constitutions must be reckoned by thousands. We leave it for others to say what is demanded by this state of things.

The Confederate daily papers in general terms acknowledge the truth of all we have affirmed, but usually close their abusive editorials by declaring that even such treatment is better than the invading Yankees deserve. The *Examiner*, in a recent article, begrudged even the little food the prisoners did receive, and the boxes sent to us from home, and closed by eulogizing the system of semi-starvation and exposure, as well calculated to dispose of us. All this is true, and yet cold weather is hardly commenced.

We are horrified when we picture the wholesale misery and death that will come with the biting frosts of winter. Recently, several hundred prisoners per day were being removed to Danville. In two instances we were standing in view of them as their ranks filed past. It was a sad sight to see the attenuated features and pallid faces of men a few months since robust and in vigorous health. Numbers were without health—numbers were without shoes—nearly all without blankets or overcoats—and not a man did we see who was well and fully clad.

But to the credit of the prisoners in Richmond, of all ranks, be it recorded, that all along they have shown heroic fortitude under suffering, and spurning the idea that their Government had forgotten them, they have held fast their confidence in the final and speedy success of our cause.

In addition to the above statement, we wish it to be distinctly understood that the Confederate medical officers connected with the hospitals referred to —Surgeons WILKINS, SIMMONS and SABAL, and the Hospital Steward, HALLET—are not in any way, so far as our observation has extended, responsible for the state of things existing there; but, on the other hand, we are bound in justice to bear testimony to their kindness and the faithful performance of their duties with the limited means at their disposal.

[Signed] DANIEL MEEKER,
Surgeon U. S. V.
C. T. SIMPERS,
Asst. Surg. 6th Regt. Md. Vols.
J. L. BROWN,
Asst. Surg. 116th O. V., I.
A. M. PARKER,
Asst. Surg. 1st Maine Cavalry.

Donation to a Military Hospital.

We understand that the Stanley Hospital, Newbern, N. C., has recently received the handsome donation of $600 from Dr. J. Baxter Upham, of this city, for the purpose of supplying wine and other luxuries to the sick and dying soldiers in that institution.—*Boston Medical and Surgical Journal.*

Symptoms and Signs.

The distinction between symptoms and signs, so often confounded, is well illustrated by the following from Captain F. B. HEAD's Rough Notes, taken during some rapid journeys across the Pampas, p. 257:

"The Gaucho pointed to the sky, and said, 'See! there is a lion.' I started from my reverie, and strained my eyes, but to no purpose; and he showed me at last, very high in the air, a number of large vultures, which were hovering without moving; and he told me they were there because there was a lion devouring some carcass, and that he had driven them away from it. We shortly afterwards came to a place where there was a little blood in the road, and for a moment we stopped our horses to look at it.—I observed, perhaps some person had been murdered there; the Gaucho said, 'No;' and, pointing to some foot-marks which were near the blood, he told me that some man had fallen, that he had broken his bridle, and that while he was standing to mend it, the blood had evidently come from his horse's mouth. I observed, perhaps it was the *man* who was hurt; upon which the Gaucho said, 'No;' and, pointing to some marks a few yards before him on the path, he said, 'for, see, the horse set off at a gallop.'"

The Englishman might have speculated long and wisely upon the flight of vultures, upon the structure and functions of their organs, even to the minutiæ of a feather, and yet never been so far benefitted by his speculations as to diagnosticate a lion. What are mere symptoms to one, become through a knowledge of their relationship, valuable signs to another. —*Wyman.*

Dessicated Vegetables.

Vegetables and meats deprived of moisture and submitted to severe pressure, will remain unchanged and preserve their natural taste for a long period in any climate. A very large business is now carried on in this city in the way of dessicating vegetables for the army and navy, at Nos. 327 and 329 Stanton street, by the New York Dessicating Company—THEO. C. SHECHILL, Superintendent. About one hundred and fifty persons are employed in the establishment, and the quantity of vegetables dessicated this year will amount to 56,000 baskets tomatoes; 442 tons string beans; 8,000 bushels green peas; 15,000 barrels turnips; 30,000 barrels carrots; 23,000 heads cabbage; 12,000 barrels potatoes; 20,000 barrels onions; 100 tons parsley, and a moderate quantity

of some other vegetables. The vegetables are picked, cleaned, cut up and grated; they are then dried and deprived entirely of moisture, after which they are formed into flat cakes, under severe hydrostatic pressure. A cake weighing seven pounds contains sufficient vegetables to make forty-two gallons of good soup. They are excellent for sea voyages, and large quantities have been furnished on army contracts for soldiers in the field and invalids in the national hospitals.

ANSWERS TO CORRESPONDENTS.

☞ *Correspondents will please notice our reiterated request to give their full address in their communications to us. Our correspondence is very extensive, and it is necessary for us always to know the Town, County and* State *from whence their letters are sent.*

Drs. N. G. B., Ill.; O. H. F., Mass.; L. C. B., Vt.; A. E. B and H. M. S., N. J.; C. G. B., A. H., and J. S. McN., N. Y.; W. H. T., W. T. R., and A. H. A., Ohio; J. L. C., J. W. R., C. F. W., J. L. A., Jr., and J. G. M. Pa.—Visiting Lists were mailed to you yesterday.

Dr. P. W. A., Mass.—The volumes of the Reporter have hitherto commenced April 1st and October 1st, of each year, but for various reasons it was considered best to change to January 1st and July 1st, and consequently last April no numbers were issued, and Vol. X, commenced with May 2d, and will comprise 35 No.'s to 371 inclusive, the last in December.

Dr. C. M. M., Pa.—Greenhow on Diphtheria, was mailed to you on the 2d inst.

Dr. J. S. S., Pa.—Hughes' Manual of Auscultation and Percussion was mailed to you on the 2d inst.

Dr. W. M. L., Ohio.—The U. S. Pharmacopœia and Wilson on the Skin and Hair, were mailed to you on the 2d inst.

Drs. W. W., and S. L. C., Conn.—Copies of Barclay's Medical Diagnosis were mailed to you on the 2d inst.

Dr. J. Ten B., Ill.—Reese's Formulary was mailed to you on the 2d inst.

Dr. W. McB., Pa.—Gross' Military Surgery, and Pareira's Prescription Book, were mailed to you on the 2d inst.

Dr. A. E. S., Wis.—How to Nurse Sick Children, was mailed to you on the 2d inst.

Dr. O. P. C., N. Y.—The books were sent to you on the 3d inst., per Howards' Express. There was considerable difficulty in finding the volume you wanted of Copland's Dictionary.

MARRIED.

Babcock—Harwood.—At the Navy Yard, in Washington City, November 26th, by the Rev. Dr. Pinkney, Dr. Heman P. Babcock, U. S. Navy, and Sallie H., youngest daughter of Commodore Harwood, U. S. Navy.

Clemans—Acly.—In St. John's Church, New Milford, Conn., on Wednesday, November 25th, by Rev. J. F. Schroeder, assisted by Rev. J. L. Scott, Dr. S. T. Cleman, and Fannie, eldest daughter of Rev. C. G. Acly.

Curtis—Brandt.—At Belleville, N. J., on the 25th ult., by Rev. P. A. Studdiford, Jonathan S. Curtis, M.D., of Hartford, Conn., and Susan, third daughter of Mr. Wm. H. Brandt, of Belleville.

Morton—McCullough.—In Muscatine, Iowa, September 29th, by Rev. E. L. Belden, Dr Thomas Morton, Surgeon of the 3d Virginia Cavalry, and Miss Rachel P. McCullough, of Greene Co., Pa.

DIED.

Porter.—In New York, on Tuesday, November 24th, Mortimer G. Porter, M. D., aged 37 years.

Fairsmith.—At Pensacola, Florida, on the 1st of November, Walsingham Fairsmith, M.D., aged 42 years.

Harry.—Suddenly on the morning of November 23d, Mrs. Lydia Ann Harry, wife of Dr. Samuel H. Harry, of Coatesville, Pa., in the 53d year of her age.

Marsh.—In Kalamazoo, Michigan, November 17th, of congestion of the lungs, Dr. Charles P. Marsh.

Smith.—In this city, on the 22d of November, Moses Blackfan, infant son of Dr. Albert H. and Emily Kaighn Smith.

Tucker.—In this city, on the 27th ult., Samuel Tucker, M.D., in the 78th year of his age. Dr Tucker began the practice of medicine in Burlington, N. J., about the year 1810, and after a few years removed to this city, where he has since resided.

METEOROLOGY.

November	23,	24,	25,	26,	27,	28,	29.
Wind	N. E.	N. E	N. W.	S. W.	S. E.	S. W.	N·
Weather	Cl'dy. Driz'e	Cl'dy. Fog. Rain.	Clear.	Clear.	Cl'dy. Dense Fog.	Cl'dy. Fog. Rain.	Cl'dy.
Depth Rain		3–10				3–10	
Thermometer							
Minimum	32°	40°	42°	30°	30°	36°	42°
At 8 A. M.	35	46	50	36	34	45	47
At 12 M.	46	50	49	43	47	53	45
At 3 P. M.	47	51	50	45	49	50	46
Mean	40	46.7	47.7	38.5	40	46	45
Barometer.							
At 12 M.	30.2	30	30	30.3	30.3	29.9	30.1

Germantown, Pa. B. J. Leedom.

VITAL STATISTICS.	Philadelphia. Week ending November 23.	New York. Week ending November 30.	Baltimore. Week ending November 30.	Boston. Week ending November 28.	Providence. Month of October.
Popl'n, (estimated.)	580,000	950,000	240,000	180,000	52,000
Mortality.					
Male	152	237	50	47	38
Female	137	242	41	44	49
Adults	151	248	44	55	51
Under 15 years	126	233	49	36	34
Under 2 years	67	134	21	34*	19
Total	289	479	91	91	87
Deaths in 100,000	49.82	50.42	37.91	50.55	16.73
American	210	293	...	54	64
Foreign	66	186	...	37	23
Negro	14	8	19	...	4
Zymotic Diseases.					
Cholera, Asiatic	...	...	...	...	...
Cholera Infantum	...	1	...	...	...
Cholera Morbus	...	...	...	...	3
Croup	19	23	5	6	...
Diarrhœa	7	8	...	...	4
Diphtheria	4	29	...	5	1
Dysentery	...	4	...	1	4
Erysipelas	1	3	1	1	...
Fever, Intermittent	...	1	...	...	...
Fever, Remittent	...	1	...	...	...
Fever, Scarlet	4	22	5	2	...
Fever, Typhoid	7	20	2	1	4
Fever, Typhus	9	13	...	...	...
Fever, Yellow	...	...	...	...	...
Hooping-cough	4	3	2	...	1
Influenza	...	...	...	...	...
Measles	...	...	...	...	...
Small Pox	...	...	9	1	...
Syphilis	1	...	...	...	...
Thrush	...	...	...	...	...
Sporadic Diseases					
Albuminuria	2	10	...	...	...
Apoplexy	4	11	...	1	1
Consumption	51	75	17	7	18
Convulsions	12	29	3	2	2
Dropsy	5	11	3	4	3
Gun-shot Wounds	7	...	...	...	...
Intemperance	4	1	...	1	...
Marasmus	4	26	...	1	...
Pleurisy	...	...	...	2	...
Pneumonia	15	43	4	6	3
Puerperal Fever	...	5	...	...	...
Scrofula	1	1	1	...	...
Violence and Acc'ts	8	20	5	6	2

* Under 5 years.

TO CORRESPONDENTS.

For the information of those who are not authors, we will state that MANUSCRIPT INTENDED FOR PUBLICATION MUST BE WRITTEN ON BUT ONE SIDE of the sheet. If greater care was taken in the preparation of copy, much trouble would be saved to printers, and mistakes would rarely or never be made.

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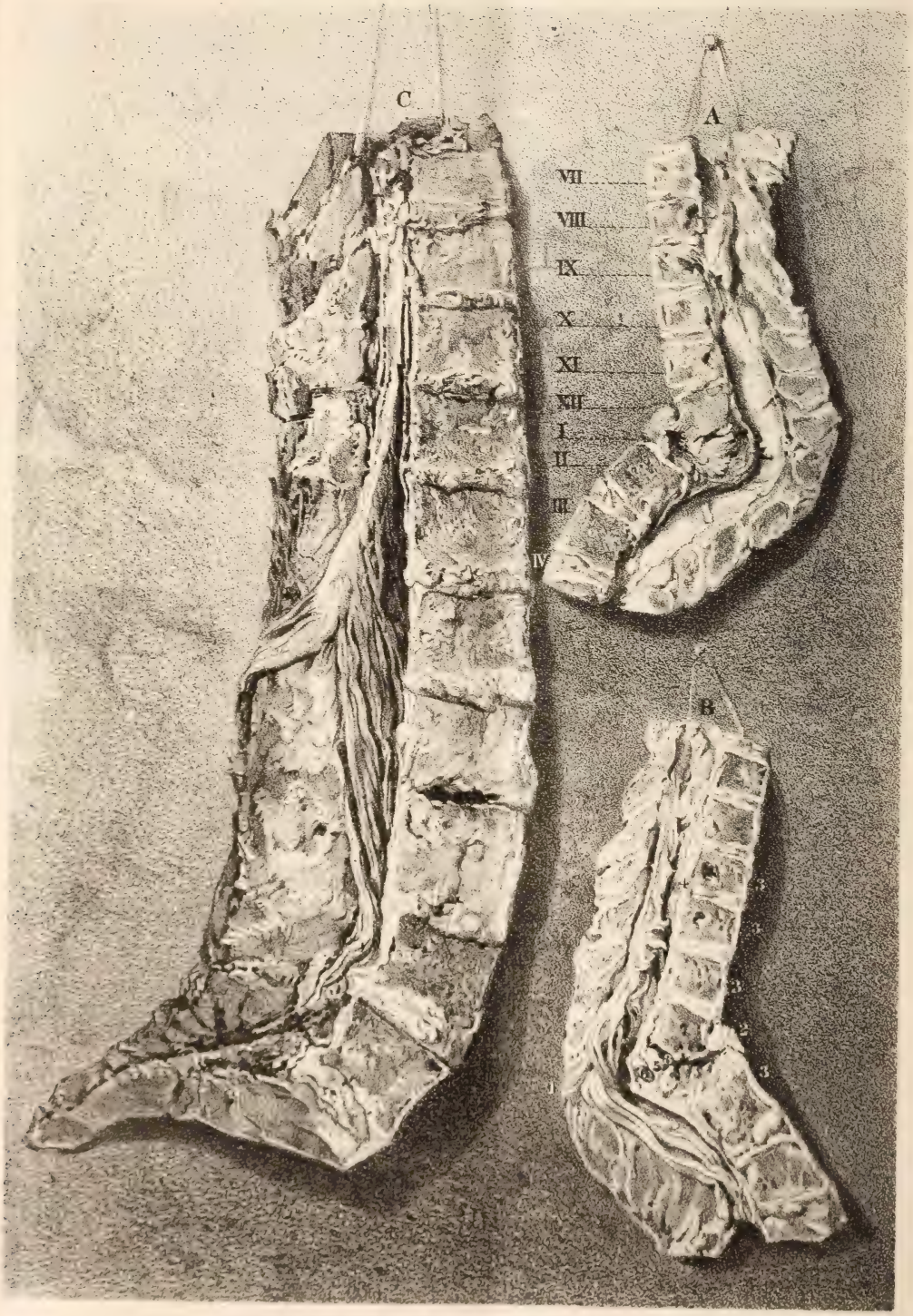
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THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Lectures.

DEFORMITIES OF THE NECK.

By Prof. Louis Bauer, M. D.,
Of Brooklyn, N.Y.

(Continued from page 330.)

Gentlemen: We regret to announce that the time alloted for these lectures has expired, and that the advanced season forces us to drop the subject where we left it at our last meeting. An apology is scarcely needed in reference to the deformities of the upper extremities, which we have omitted, for their pathology and treatment can be brought down to the same principles and maxims we have delineated on previous occasions.

What we do regret is, that we have to refrain for the present from the pleasure of imparting to you the knowledge of the so-called osteotomic and osteoplastic operations, mainly of German origin and culture. These operations form a most interesting and not the less practical chapter in orthopædic surgery; they are comparatively novel on this side the Atlantic, and almost indispensable in aggravated rachitic deformities of the cylindrical bones. However, the present postponement of that subject shall not deprive you of a future opportunity to render yourselves conversant with it, for we purpose to resume our lectures at the earliest convenience.

Nobody can be more sensible of the brief and fragmentary form in which our discourse has been carried on. But, gentlemen, lectures cannot give you literary completeness without becoming excessively tedious and pedantic. Lectures are not for reference but for immediate instruction. At all events, cursory as our lectures have been from necessity, we have arduously labored to render them beneficial to you in a practical point of view. Sometimes it may have occurred to you that we made too strong efforts against popularized and received doctrines, and that we indulged in too severe criticism of the same. But, gentlemen, popular doctrines are but too often the most formidable obstacles to scientific advancement; they are the rubbish of past ages, obstructions, so to speak, which should be removed in order to clear the track for progress.

Next, you may think that we have been too earnest in putting forth our scientific and practical merits for the advancement of orthopædic surgery. But if others studiously withhold from us the just acknowledgement of our own literary property, and even worse, turn it to an account for personal ends, modesty would be ill-placed. Against plagiarism and false pretences, direct exposure seems to be the best protective, and if we have committed an error of judgment, it has certainly been on the side of delicacy in not lifting the veil from the names and actions of the literary Bedouins who have tried to deprive us of our just dues.

In parting from you we sincerely thank you for the diligent attention you have shown during the course of our lectures, and we do hope that you may derive some advantage in return of your devotion.

Since the closing of our lectures we had the misfortune to lose a patient afflicted with posterior curvature. For the last five years we had charge of her case and have closely observed the different phases through which she has passed. Having likewise secured the specimen of the affected spine and subjected the same to a careful examination, we are able to present a history of rare congruity, importance and interest, furnishing as it does a continuous commentary on the pathology and therapeutics advanced by the author in the preceding pages. The following addendum will, we feel persuaded, be acceptable to the reader.

Case of Kyphosis of more than six years' standing, complicated with motor-paralysis of lower extremities; relief of the latter and arrest of the disease for a period of four years; death from granular meningitis; interesting pathological disclosures; with three illustrations.

At the tender age of 2 years and 9 months the patient met with a fall. A short time after the accident the little girl exhibited some indefinite indisposition, inducing the parents to call upon Prof. Willard Parker. There were as yet no indications of an impending spinal trouble, nevertheless that sagacious surgeon rendered a clear diagnosis. Deriving however no encouragement

from him as to the ultimate recovery of their offspring, the parents subsequently placed the child under the charge of Prof. Valentine Mott, who directed the ordinary treatment then in vogue, rather encouraging than disparaging locomotion. Among other remedies resorted to, issues close to the spine were established. For five months the treatment was scrupulously carried out, whilst the malady was steadily advancing. At last the treatment was suspended, and for ten months nothing was done to arrest or mitigate the affliction. Meanwhile the suffering of the patient had become unbearable, the deformity had greatly increased, and the locomotive power of the lower extremities so much impeded, that the parents again sought professional aid.

At this juncture we took charge of the case. The patient was then prostrate, attenuated and almost hydræmic. She was moderately feverish; cardiac action greatly excited; her respiration laborious, and her temper irritable. The angular deformity occupied the thoraco-lumbar portion of the spine, the first lumbar spinous process being the most prominent point. There was great tenderness about the spine, and such perfect motor paralysis of the lower half of the body that no stimulus excited the slightest reflex action. No traces of abscess could however be found in either lumbar or ileo inguinal regions.

The early appearance of the deformity after the accident, its seat, rapid progress and angular shape left scarcely any doubt as to the cause of the trouble, namely, fracture in the body of either the twelfth thoracic or first lumbar vertebra. Under this impression the prognosis was certainly unfavorable, for all symptoms indicated structural and form-alterations of some vertebral bodies. Caries was at least impending, if it had not already commenced; new complications were thus threatening, irrespective of the already existing paraplegia. In fine, the constitutional force of the patient had already been broken down. There were consequently no prospects of recovery, even the arrest of the disease was more than problematical.

Nevertheless, whatever might be the eventual results of the treatment, the actual sufferings of the patient demanded some palliatives. Horizontal posture upon a water bed, moderate local depletion, inunctions with Ung. Hydrargyri, and of course generous diet, were insisted on and readily complied with.

We should not have been surprised to see the patient somewhat relieved by this treatment, but our expectation was greatly exceeded both by the rapidity and extent of her improvement, so much so indeed, that we became skeptic of our diagnosis. The ameliorations at the end of the eighth month may be briefly summed up as follows: Regularity of all vital functions, excellent appetite and rest, satisfactory appearance, increased weight (by five pounds), entire immunity from pain, locomotion of lower extremities almost re-established to perfection.

During this period we had already applied the spinal splint, allowed the patient to creep about on knees and elbows, and to be taken into the open air. At the end of the same, presuming that a most *unexpected consolidation* of the spine had been achieved, we ordered a spinal supporter closely fitting to the cast then taken, (Fig. 52.) and suffered the patient to take cautious and moderate exercises, frequently interrupted by rest in the recumbent posture. The first attempts of this description were however so satisfactory in their bearing, that very soon we removed all restrictions and allowed the child to do whatever she pleased.

Four years the patient was thus doing well. Although we frequently saw the patient, yet we had no occasion to call upon her professionally again until last Spring, when she had suddenly been taken sick. Without enlarging on the details of her late illness, suffice it to say that she suffered from, and eventually died of meningitis cerebralic exudativa.

Fortunately the enlightened parents felt the same interest in the character of the case, that I did, and therefore readily consented to the autopsy, which was made twenty-four hours after death.

The general appearance of the body, especially the state of her nutrition, was satisfactory considering that it had just passed through a course of sickness during which but little food had been taken. There was intense arachnitis with widely scattered granular eminences, made up however of connective tissue; the disease did not extend into the spinal canal, though the brain and cervical portion of spinal cord were in a state of hyperæmia. Thorough search for tubercular deposits in other organs ended in a negative result. That fragment of the spine concerned in the disease having been removed and longitudinally divided, disclosed, indeed, a pathological condition which we were not prepared to find. We annex illustrations of this and another important specimen, that their comparative value may be realized.

The former (A. B.) consists of the six inferior thoracic, the second and third lumbar vertebræ, besides fragments of the first 4 lumbar ones. To the left half of the specimen the corresponding portion of the spinal cord is still attached. (1.) The angular infraction of the spine locates exactly at the remnant of the first lumbar vertebra. On raising the cord it may be noticed that the bend of the spine leaves the spinal canal free from any encroachment or obstruction whatever. Nor is any morbid change presented by either the cord or its membranes.

Anteriorly and laterally the lower portion of the specimen is surrounded by a large complement of firm connective tissue (2), obviously restraining the otherwise inevitable mobility of the infracted spine. The adjacent soft parts show no indication whatever of suppuration. Whilst with one exception all intervertebral fibro-cartilages are completely healthy, the body of the first lumbar vertebra is almost totally, and that of the twelfth thoracic partially destroyed, and the remaining ones exhibit more or less large cavities (3) filled with a yellow semi-solid material. All these cavities are located close to the dura mater (4), and in some that membrane supplies the posterior wall of the same. Whether the cancellated structure of the vertebral bodies had slightly suffered from osteoporosis we are uncertain; that of the twelfth dorsal was rather densified from plastic infiltration. In the fresh state a moderate hyperæmia of the spine could be clearly discerned.

As has been mentioned, two of the vertebral bodies had substantially suffered in both shape and size. Of the body of the first lumbar vertebra, but a posterior fragment (5) has remained, and even from this a smaller piece (6) has become so completely detached that it can be taken out of its crummy bed and replaced. Anteriorly to the fragment a tolerably large cavity (7) exists, which we found filled with a similar material as the cavities of the bodies. Of the body of the twelfth thoracic vertebra, but a small fragment is missing; its form has then become deficient in a diagonal direction (8) as if a small wedge had been chipped off from the anterior and lower portion. Exceedingly interesting is the relation between the remnants of the two bodies. The lower surface of the upper vertebra rests upon the anterior of the lower in almost a right angle. But it would seem as if the upper surface of the first lumbar vertebra had inclined forward and downward, in which case the cancellated structure must have previously caved in. Between the two the intervertebral disk is completely destroyed.

The reader may readily imagine that we felt the most intense interest to get at the real nature and composition of that yellow semi-solid material that filled the osseous caverns. At the first glance it presented itself as tubercular deposit par excellence, and this very appearance made us still more tenacious in ferreting out its character. Whilst we engaged in the microscopic examination of one, we sent the other half of the specimen to a gentleman in New York, whose profound knowledge in pathological anatomy, and dexterity in the use of the microscope has perhaps no superior in this country. To prevent misunderstanding, we accompanied the specimen with a note, setting forth that we requested his opinion as an expert on the question, Whether that material was tubercle or changed pus?

Great, indeed, was our discomfiture when that gentleman sent us an answer to the effect "that it needed no microscope to recognize the tubercular material of the specimen."

In spite of our deference for that opinion, we nevertheless continued our own investigation, which resulted in a widely different conclusion. The subject being however of too great importance to rely on our observation exclusively, we requested Prof. Alonzo Clark to lend us his assistance, which he courteously granted. In an examination of more than an hour, instituted with that care and circumspection which so eminently distinguishes that gentleman, the fact was indisputably established *that the material in question was bona fide pus in a state of condensation and fatty degeneration.*

Another question at once grows out of that decision, namely, *how are the multilocular abscesses in the vertebral bodies to be accounted for?* The answer is much easier than might be imagined. For all the abscesses are placed in close proximity to the spinal dura mater; some of them open upon it. Subjacent to that membrane and along the anterior wall of the spinal canal a similar material can be traced, which connects, as it were, the abscesses all along the spine. We infer therefore that the purulent material in the place of any other outlet, moved up and downward between the dura mater and the anterior wall of the osseous spinal canal, causing the multilocular abscess and eventually undergoing all the changes simultaneously with their contents. This would seem the only explanation admissible.

During the suppurative process the quantity of pus that raised the dura mater from the spine, the spinal cord must have been compressed or have suffered from irritation and hence the paraplegia. Thus the pathology of the case seems clear and plausible. Yet other points need mention.

In the first place were we right in presuming a fracture as the cause of the deformity? After a due deliberation of all circumstances attending our case, we cannot be induced to change the previous diagnosis. For the existing mischief is by no means incompatible with the same, irrespective of the arguments already set forth. We have repeatedly stated in our lectures that the thoracolumbar region of the spine is very susceptible to fracture, and that a wedge shaped fragment may be easily chipped off in front and below a vertebral body. This has been demonstrated by experiments and autopsies. If the fracture is disregarded and the patient continues locomotion, the fragment is displaced anteriorly and the spine bent backward. The former may or may not become agglutinated

in the new position. In the latter case it may be turned into a sequestrum and thus give rise like every other foreign body, to local irritation, suppuration, caries of the adjacent bony structures, and in fine, lead to exactly the very same consequences with which we had to grapple in concreto.

Next, which of the vertebral bodies had been fractured? In glancing at the specimen it will be found that the twelfth thoracic one exhibits exactly the form in which the ordinary fracture would leave it, that is to say, the body is defective to the extent of a small wedge removed anteriorly and inferiorly. Caries of the fractured surface may have slightly increased the defect, but the type is still visible. The greater destruction of the first lumbar vertebral body may be thus accounted for, that the bony fragment remained in connection with the lower fibro-cartilage, that therefore the irritation arising from that source was more readily transmitted to the structures to which it was attached, and that in fine the matter would more readily descend than ascend. Thus the body of the lumbar vertebra had been macerated in pus, and eventually disintegrated. There is likewise a possibility that the fracture extended at once through both implicated vertebral bodies down to the subjacent fibro cartilage. If we elongate the line from the face of the twelve thoracic vertebræ through the first lumbar, it would terminate at least 2‴ from the spinal canal. Such a supposition is however scarcely tenable, since the posterior curvature must have been instantaneous and at once considerable.

Again, it seems singular that suppuration to that extent, provoked and maintained by foreign bodies, as it were, should have existed without external manifestation, and moreover, should have come to a spontaneous stand-still for so long a period as four years. Facts like these do not often present themselves in the ordinary range of surgical observation. Some suggestions occur to our mind which may tend to render those facts more transparent and intelligible.

As an ordinary observation it must be admitted that the quantity of pus produced by bone disease is comparatively but trifling. Bona fide bone abscesses are never large, and the pus is mostly of good quality. Its decomposition is brought on by access of atmospheric air. Moreover, as shown by Gurlt, the pus of bones has a great susceptibility to be converted into a soft cheese-like substance, hence its being confounded with tubercular deposits.

We have at present a little boy in treatment for posterior curvature, who has had for the last nine months an ileo-lumbar abscess of considerable size without disturbing him. In the beginning, the quantity of pus could not have been less than a pint, besides being very fluid. During the last three months the size of the abscess has obviously diminished, whilst its contents have become more condensated and its walls thickened. Similar observations other surgeons have made in the like cases. In the same ratio as the bone pus becomes mixed up with the detritus of other structures, or decomposed, it certainly assumes a more caustic and therefore destructive character, so as to corrode even the integuments, despite of their epithelial protection.

In the present case we had purely bone pus, formed by healthy osseous structure; it was consequently of an indifferent and mild character and therefore not apt to carry great destruction in its course. Six years were thus required to disintegrate a single vertebral body, although most exposed, whereas in more remote locations it just sufficed to cause comparatively superficial excavations.

Inasmuch as the purulent flow entered the spinal canal and diffused anteriorly between dura mater and spine, it may be reasonably inferred that the previous paraplegia of the patient had derived its cause from that source either by mechanical or dynamic effect.

As soon as the local irritation was stopped by reclination of the patient, the suppuration of the affected spine became virtually arrested and nature at once initiated the process of repair, so clearly demonstrated by the specimen. Nothing seems to have been in the way to perfect recovery as far as the local disease is concerned.

In comparing the specimen (A. B.) with another specimen (C.) on the plate, it must be conceded that the pathological conditions disclosed are of a very different cast. In A B, the cancellated structure is preeminently affected; in C the intervertebral cartilage has suffered most, whereas the osseous structure is scarcely touched. The last illustration represents the specimen we have referred to in Fig. 49 of our lectures.

Thus we have demonstrated, as we hope to the satisfaction of the reader, the fact that different causes underlie the posterior curvatures, and that it is impossible to substitute Delpech's hypothesis for pathological realities.

The comparative results attained by different modes of treatment speak for themselves. Under the former the disease steadily advanced, both locally and constitutionally; in the latter the patient improved, recovered locomotion and a relative state of health. What more is needed than the specimens themselves, to prove that issues are inoperative in the like structural lesion growing out of mechanical derangements. And a mere glance at those conditions must satisfy the most skeptic mind that the superstructure of the body

cannot be borne erect by a foundation so utterly disqualified.

The publication of this case has but the object of contributing to the correct understanding of the pathology of kyphosis, which alone should govern the healing art, and is not intended to reflect on the professional views and curative maxims of a venerable Nestor of our profession, of whose merits for the promotion of surgery none can have a more exalted appreciation than the author.

Communications.

MEDICAL FRAGMENTS.

By A. P. Dutcher, M. D.,

Of Enon Valley, Lawrence County, Pennsylvania.

(Continued from p. 429.)

Chronic Vaginal Leucorrhœa.

Mrs. ——, aged thirty, came to my office March 10, 1860, and gave the following history of her case. Something more than twelve months since, she awoke one morning with rigors, heaviness and languor, pain in the back and around the loins, headache and thirst, with a quick pulse and a bad tongue. As the morning advanced she began to feel a sense of heat and soreness in the vagina, with itching of the external parts. By evening these symptoms had increased in severity; pain, smarting, a feeling of weight and bearing down were now added, together with a sensation of tightness, as though the vagina was swelled. At this stage of her difficulties her bladder became irritable, and she was constantly annoyed with a desire to micturate. These symptoms continued for twenty-four hours without any abatement, when she sent for a physician, who bled her copiously, gave her a large dose of calomel and rhubarb and ordered injections of cold water. After this her symptoms gradually became much milder, and by the fifth day they had all disappeared, excepting the soreness in the vagina, with the weight and bearing down. As the more violent symptoms subsided, she noticed a slight discharge of a thin colorless fluid from the vagina, which gradually increased in quantity until it became very annoying, saturating several napkins during the day. After some three weeks the discharge assumed a yellowish appearance, became of a much thicker consistency, and considerably diminished in quantity, and notwithstanding she has been under treatment ever since, she has been almost a constant sufferer from it and its attending complications.

At the time of her visit she had the appearance of an individual suffering under serious disease. Her pulse is feeble and rapid, 90 per minute; skin very sallow and the body very much emaciated; has frequent attacks of sick headache which lasts the whole day, and when they subside, leaves her very much prostrated for several days. She is also troubled with palpitation of the heart and vertigo, particularly on rising in the morning. Her appetite is bad and her bowels costive. She has an aching pain across the loins, extending across the lower part of the abdomen. The bowels are tender to the touch. The urine is scanty and of a light straw color, and under the microscope it shows an abundance of epithelium and small crystals of the oxalate of lime. On examination per vaginam, the os uteri is a little lower than usual, showing a slight prolapsus of the womb. The os does not appear thickened nor indurated. The vagina is not tender to the touch, neither is there any extra heat in the parts. Her menses are regular, but very scanty. At each menstrual period, for a few days after it ceases, the leucorrhœal discharge is quite abundant, and exhausts her very much.

From the absence of any symptoms of uterine disease, we were inclined to regard the malady as vaginal leucorrhœa. The first disease was vaginitis. This paved the way to that morbid condition of the mucous membrane of the vagina, which has kept up for so long this annoying discharge. The patient's health is suffering severely from this local trouble. As there is no symptom of inflammation in any of the structures of the vagina, we regard this flux as the result of debility—a want of contractility in the excretory functions of the vaginal mucous membrane. For the purpose of correcting this morbid condition, and improving the general health of the system, she was ordered the following:

℞.	Macrotin,	gr. xv.	
	Ferri. sulph,	3i.	
	Strychniæ,	gr. ij.	
	Ext. gentianæ,	3iss.	M.

Ft. in pill no xxx.

Take one three times a day before eating.

The bowels were to be kept in a soluble condition by an occasional dose of the compound rhubarb pills, and at night before retiring to rest she was to take a cold hip bath. Her diet was to be nutritious, and she was to take as much exercise as she could without experiencing fatigue. Under this plan of treatment the leucorrhœa was soon overcome, and in six weeks all her disagreeable symptoms had vanished, and in eight she was in the enjoyment of better health than she had been for years.

In this form of leucorrhœa I regard the macrotin, in connection with iron and strychnia, as almost a specific. In the worst cases of the malady that have come under my care, wherein I have em-

ployed it, it has never disappointed my expectations. The macrotin is the resinoid principle of the root of *Cimicifuga Racemosa*. It is a tonic and alterative, acting almost specifically upon the mucous membrane of the uterus and vagina. It does not possess all the medical properties of the root, particularly the narcotic principles, hence it is not as useful in rheumatism and neuralgia as the fluid extract or tincture of Cimicifuga. In prescribing it in leucorrhœa, I always give it in very small doses, for when given in larger doses than half a grain three times a day, for several days in succession, it causes pain in the head, nausea, and a distressing and painful sensation in the joints and limbs generally. There is no necessity for this in the treatment of the disease now under consideration. All we want is its alterative effects, and these can be fully secured by the size dose mentioned above. To test the value of this resinoid as a remedy in chronic leucorrhœa, I have frequently given it alone, and in my hands it has always proved useful. Uniting it with iron and strychnia it acts more promptly, and the disease is much sooner cured. Iron and strychnia alone will cure leucorrhœa sometimes, but according to my experience they will cure it more surely and speedily if united with macrotin.

Hospital Reports.

University of Maryland,
October 28th, 1863.

Surgical Clinic of Prof. Nathan R. Smith.

Reported by *Dr. J. W. P. Bates.*

Wound of the Hand.

Man, æt. thirty. Here we have a case of pistol-shot wound of the hand, which occurred on October 16th. From the appearance of the wound, the ball probably entered the back and passed out the palm of the hand, but of this the patient can give no information. A gun-shot wound is more troublesome to manage than an incised wound, for it partakes of the character of a punctured, lacerated, and contused wound. It is sometimes necessary to dilate or incise the parts, so as to allow of discharge. This patient is using the simple poultice, which we will continue for a time; afterward we will apply the Basilicon ointment.

Fibrous Tumor.

Woman, æt. thirty-five. This woman has a tumor in the right breast, apparently fibrous. It has not the characteristics of cancer, and therefore cannot be malignant; but any morbid growth has the tendency to take on malignant action, and consequently there is no question of the propriety of its removal. A free incision was made, and the tumor removed. After removal, it was about the size of a common walnut. This tumor leaves a cup-like cavity, and if we shut it up tight we may have unpleasant consequences from suppuration, but to prevent this we introduce a slip of linen, which preserves a passage for any discharge. Wound was dressed with adhesive strips and compress, and a bandage carried around the body and supported by a shoulder-strap. Hemorrhage very slight, and only one artery required ligation.

Erythema.

Man. This patient is a seaman, and has a superficial ulcer occupying the anterior part of the leg. When he came into this institution the part was covered with scabs, which produced irritation; they were softened off, and left the appearance which you now see. This is a kind of erythema produced by the action of water. If water be applied, for any length of time, to a part, it will bring out an eruption; and this circumstance is made use of by the Hydropaths, who tell their patients that it will bring out the bad humors. As a local application, we will use:

℞. Zinci sulphat., gr. v.
Aquæ, f℥j. M.
And apply a cerate cloth.

Medical Clinic of Prof. Chew.

Chronic Diarrhœa.

Man, æt. 28. This man has been for several years in Cuba, where he had an attack of remittent fever; from there he went to the Dry Tortugas, where he was employed as a baker; and while there he was attacked, about ten months ago, with chronic diarrhœa. The skin is not hot, the pulse calm, no pain, habits intemperate. Diarrhœa is an expression of a diseased condition of the body, sometimes of inflammation, at others of irritation. In chronic dysentery we sometimes find an amazing quantity of small ulcers in the intestines, especially the rectum, sometimes perforating only the mucous coat, at others opening into the peritoneum. In this case there seems to be more irritability than inflammation. We will give this man:

℞. Tinct. catechu, f℥j.
Mist. cretæ, f℥v. M.
Sig. Tablespoonful every four hours.

And put him upon absolute diet; may use bread, tea and rice, in moderate quantities, for we must regulate the quantity as well as the quality of his food. Let him keep quiet, in the recumbent position.

Typhoid Fever.

G. M., æt. seventeen. In this fever there is generally tenderness over the ilio-cœcal region; we may also feel or hear some gurgling upon making pressure. Local pain is most commonly felt, first, in the right iliac region, then the left, and next around the umbilicus. In this case we have tympanitis; an apathetic appearance of countenance; hot, dry skin; hebetude of mind; distended abdomen; and somnolence, tending to coma. Upon auscultating his chest, you can hear the dry râles of bronchitis on both sides. In almost all cases of this fever you will find evidence of the presence of bronchitis. Some pathologists believe it is not inflammation, but only congestion of the bronchial tubes; but in some cases there is inflammation, because the bronchitis passes into the second stage, or that of mucous râles. This man has been taking an emulsion, containing wine of ipecac. and bicarbonate of potassa, intended to depress the action of the heart and relieve the inflammation, so as to allow of secretion. The prognosis is very uncertain. He is very ill, and it is impossible, in the first stage, to tell how it will end.

Editorial Department.

Reviews and Book Notices.

The Principles and Practice of Ophthalmic Medicine and Surgery. By T. Wharton Jones, F. R. S., Professor of Ophthalmic Medicine and Surgery in University College, London; Ophthalmic Surgeon to the Hospital, etc. Third and revised American edition, with additions, from the second London edition. Philadelphia: Blanchard & Lea. 1863. Price $3.00.

The merited popularity of the treatise before us may readily be estimated from the demand for the two previous editions in this country, and also in the recent appearance of a French edition, from a translation made by M. Foucher, *Professeur Agrègè* of the Medical Faculty of Paris, and are but deserving tributes to the high reputation which has been secured by Mr. Jones, both at home and abroad. The value of the present edition is considerably enhanced from additions made by the editor, Dr. Walter F. Atlee, in which he has endeavored to bring the work up to the present state of knowledge in this department of Medicine and Surgery which has been considerable within the seven years, which have elapsed since the publication of the preceding edition. The work begins with the different kinds of explorations necessary for best ascertaining the diseases of the visual organs, one of which is called the *objective* and the other the *subjective*. In the commencement, he lays down with much stress the precaution, that the eye should be viewed only but never *touched*, and then enters with considerable minuteness into the methods by which this may best be accomplished. Beginning with the eyebrows, the eyelids, externally and internally, and then the lachrymal organs, proceeding to the form and appearance of the eyeballs generally, from thence to the exploration of the front and interior of the eye, insisting upon the rule, too frequently neglected in such examinations, of keeping the organ exposed but a few seconds only at a time, and then allowing the lids to close a few moments.

For all purposes of illumination, as a general rule, that obtained by the window is sufficient, after concentration by means of a convex lens of two inches in diameter, and three or four in focal distance. When this will not answer as when we desire to detect foreign bodies impacted in the cornea, small exudations upon the iris and minute structural changes, the use of the ophthalmoscope is recommended. After describing the various modifications of the original instrument of Helmholtz, he speaks rather more favourably of that of Reute, as the rays of light are so much converged that after crossing they fall in great dispersion on the retina, giving a more extensive illumination than is to be obtained by other ophthalmoscopes; but as the instrument of Ulrich is similar in construction and more compact it may be preferable on this account. The ordinary directions for such examinations are then given. As furnishing a uniform and steady light the argand burner sliding on a vertical rod is recommended. Though the illustration which accompanies the description has a chimney attached, he does not mention the propriety of having it tinged with blue, which is of no small assistance, since it tends much to whiten the light, not by decomposing (as most writers will have it) the red rays which are in excess but by increasing the blue rays to such an extent that the natural ratio between these rays is established.—The parts to be seen in the healthy condition of the organ, and those we may anticipate in a diseased state and the most effective manner of doing this are described in detail, and accompanied with suitable engravings. For the student and junior practitioner, nothing more on this point can be desired.—For the purpose of dilating the pupil a solution is preferred of

℞. Ext. Belladonnæ	gr. xx.	
Aq. destillat.	f℥j.	M.

Or what is perhaps to be preferred,

Atripiæ sulph.	gr. ij—iv.	
Aq. destillat.	f℥j.	M.

The remaining half of this chapter is set aside to "application of remedies to the eyes or their neighborhood, and the performance of minor operations on them." Under this head are mentioned cold and warm applications, medicated vapors and collyria, the latter term being used in its primitive meaning, *i. e.*—"any medicine for the eyes, whatever its form," and for their preparation numerous formulæ are given. The author attributes much of the want of success sometimes following their use to the fact that they scarcely come in contact with the conjunctiva of the upper lid and eyeball, where they should reach; and frequently act rather as irritants than otherwise. Of unguents and other fatty preparations the author does not entertain the horror many do at the present day; but on the contrary, when recently and properly prepared, he thinks much may be gained by their judicious use.

Local abstraction of blood by leeches, scarification with remarks upon Foreign bodies in the eye and palpebral space, and evacuation of the aqueous humor by puncture of the cornea brings us to Chapter II. which is devoted to ophthalmic inflammation. For convenience of discussion this chapter is divided into "Inflammation in general" with the various distinctions and terminations; and "Ophthalmic Inflammation in general," which is arranged as it occurs in different tissues of the eye, each subdivided again into varieties, determined by special causes and conditions, with their reputed treatment and terminations, and lastly the "Ophthalmiæ" which are considered as a class of four orders, and are designated according to the principal structure involved "for the inflammation is seldom confined to a single structure," p. 105.

In reference to catarrhal ophthalmia the author believes that, "In its simpler forms, it is in general readily subdued, and that in a week or fortnight. In its severer forms, if neglected, or improperly treated, ulceration of the cornea may take place, and, above all, the palpebral conjunctiva is extremely apt to be left in a state of chronic inflammation—itself thickened and its papillæ enlarged—a state which keeps up irritation of the eye, and which may lead to vascularity and opacity of the conjunctiva cornea," p. 110. And farther on, under the head of "Egyptian Ophthalmia" [syn. granular or contagious, ophthalmia purulens, gravis, etc.] he remarks of it, that "The morbid development in the conjunctiva of the eyelids, and palpebral sinuses of what are called *granulations*, is an early and important effect of the inflammation. The first and second degrees of Egyptian Ophthalmia do not essentially differ in their symptoms, either objective or subjective, from the milder and severer forms of catarrhal ophthalmia, except in the granular state of the conjunctiva, which though it does in some degrees exist in inveterate cases of catarrhal ophthalmia, presents itself in Egyptian Ophthalmia, even from the first, and remains to the last, so that it is justly considered the peculiar characteristic of the disease," pp. 112, 113.

These remarks possess for us, at the present time, more than usual interest from the large armies now in field and camp, of our own country, and the increasing prevalence of these affections among the soldiers; so that a correct knowledge of the diseased condition is extremely necessary to the surgeon. A careful examination of the above quotations lead us to the conclusion that the author is disposed to consider the granulations in this disease, as an effect and not a cause of purulent or Egyptian ophthalmia. This is directly opposed to the later researches in this disease by Frank, Krause, Marston and others, who find the primary manifestation of the disorder to be in the minute closed mucous follicles or crypts described by Van Roosbroeck and Bendz, which are clustered together as a patch near the external canthus, and they consider that soldier's ophthalmia is neither more nor less than these bodies affected with a specific morbid process and deposit which is engendered by deficient hygienic conditions. It is not peculiar alone to man, for Frank and Stromeyer both found these granulations existing in pigs which lived in what may be considered unhygienic conditions while they were absent in animals better kept.

In reference to the "ophthalmia in new-born infants" it is stated by the author "In whatever stage of this disease the medical man may be called in, he may in general pronounce a favorable diagnosis, if he finds the cornea still clear, or even though hazy, still free from ulceration and abscess," p. 119.

He thinks the application of remedies every second day sufficient to effect a favorable issue, but our own experience in this rapid and violent affection is that applications should be used of less strength but more frequently applied. The concluding pages of this interesting chapter is devoted to "various morbid states of the eye, consequences of the ophthalmiæ," while these results of previous disease are minutely and carefully treated.

Chapter III. is occupied with "dropsies, tumors, cancer of the eyeball, cataract, operations for artificial pupil, and congenital defects of the iris and pupil. Chapter IV. abnormal states of the optical refraction and adjustants of the Eye. Chapter V. is given to amaurotic affections, and under the section devoted to glaucoma, which has recently received such valuable contribution as to treatment in the shape of the operation of iridectomy as proposed by Von Graefe, the editor properly remarks "that the operation of iridectomy is of no use in chronic glaucoma, while in acute glaucoma good effects do result from the operation—and the benefit obtained is to be attributed, namely, to the removal of the tension by evacuation of the superabundant fluid of the eye," p. 318. Chapter VI. "Loss of correspondence of the sensations and movements of the two eyes," whether dependent upon loss of correspondence of sensation or upon the direction of these organs; and from containing directions by which many of these affections may not only be prevented but removed after being established, the chapter is a most valuable one and will repay careful perusal. Chapters VII—X. embrace "diseases of the eyelids; diseases of the conjunctiva, or rather of the appendages of this structure; and diseases of the lachrymal organs; and these are followed bydiseases of the orbit. This brings us to the final chapter, wherein is discussed injuries to the eye, and its appendages.

We have now reached the termination of this volume by Mr. Wharton Jones, and we cannot but admit that in every manner he has fulfilled the promise made at the beginning, that it "should serve at once as a text-book for students and as a book of reference for practitioners." The reader is also under many obligations to the American editor for the careful and complete manner in which the revision has been conducted. We doubt not the present edition will be received as have been its predecessors.

A. P. T.

Surgery of the Battles fought near Vicksburg By E. Andrews, M.D., Professor of Surgery in the Medical Department of Lind University: Chicago. 1863. 8vo., pp. 48.

The writer, who at that time was Surgeon of the 1st Regiment Illinois Artillery, during the battles around Vicksburg, December, 1862, enjoyed valuable advantages for observing the facts related. The work is deserving of special attention, as it is the first complete record of the surgery of any battle during the present war, owing to a want of complete registration of the cases after they left the field-surgeons for those of the boats and from these to the General Hospitals. But an order from the Medical Director, arranged the staff in such a manner that not only were the wounded properly and immediately attended to in the field, but they were under the personal attention of some of the same medical officers until their delivery to the General Hospital at St. Louis, some twenty days after the battle. The reports then are not only reliable but also extend over a space of time which renders any deductions from them worthy of unusual confidence; each case with injury, operation, anæsthetic and special remarks are detailed in a concise tabular form, so that conclusions are readily drawn from them with little trouble.

The peculiar predominence of skirmishing in western warfare, when the fire is from the right side of the tree that gives shelter; the wounds of this side so much more exposed than the other, occur much oftener than those of the left side of the body.

Of 88 Amputations, 67 recovered, 13 died, and 8 remained doubtful. No case at the hip-joint. Of 17 Resections, 12 recovered, 4 died and 1 remained doubtful. No case at the hip-joint. Of ligations of arteries (generally secondary) there were 8 cases, 6 recoverics, 2 deaths.

Dr. Andrews believes that the military surgeon "may go almost all lengths in his efforts to preserve superior extremities, but that in the inferior, amputation must be very extensively practiced." Amputation of the shoulder-joint is only required where the arm has been torn off by a shot, or so disorganized as to render mortification of the whole limb inevitable. If the head of the humerus is shattered, resection is preferable, as amputations had a mortality of one in three, while in resections it was one in six. Counting his own cases with those of Esmarch and Guthrie, the writer presents us with,

	No.	Recovered.	Died.	Per Cent. of deaths.
Amputation at shoulder,	50	31	19	38
Resection " "	25	17	8	32

Being an advantage of 6 per cent. in favor of resection.

Now follow observations deduced from the recorded cases as to the most available modes of operative procedure with cautions upon certain points, and most of great value to those yet in the field. The importance of perfect ventilation is strongly shown by the instances where overcrowding ensued upon steamboats engaged in transportation of wounded and point out the only available means we possess of preventing erysipelas, and its attendant disorders.

We can only hope in conclusion that others will be induced to devote similar care to cases under their observation since it is the correct mode of making what otherwise would have been experience thrown away, of practical use in preventing, or at least diminishing the unhappy results of modern warfare.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, DECEMBER 12, 1863.

A NEW VOLUME—THE TIME TO SUBSCRIBE.

With the first issue in January, 1864, will commence the *Eleventh Volume* of the MEDICAL AND SURGICAL REPORTER in its weekly form.

It will be an opportune time for new subscriptions to begin. We have offered to subscribers extraordinary inducements to add new names to our list. For every new subscriber with the money ($3), for a year in advance, we will either credit the subscriber sending the name *One Dollar* on account of his subscription, or send him one dollar's worth of Books or Surgical Instruments. See our book advertisement. A great many subscribers are already taking advantage of this offer. See "Answers to Correspondents."

We hope to be able to send out *a thousand dollars worth of Books and Surgical Instruments* before the first of February. An extension of our subscription list will benefit all our subscribers, and the profession at large, by giving us the ability to further improve the REPORTER.

For further particulars, see Prospectus on the cover in every alternate number.

HOSPITAL INSPECTION.

There seems to be a very great lack of system in the management of our military hospitals, or rather, perhaps we should say, in the mode of inspection into their management. Indeed, if we were to judge of their condition by the numerous commissions appointed to inspect and report in relation thereto, it might be supposed that something radically wrong existed, which we by no means apprehend to be the case. Let us see how the matter stands:

I. Every general hospital we suppose is situated in a military department, whose head is by virtue of his office an inspector of everything connected with the army in his department.

2. There are eight experienced army surgeons who have been appointed medical inspectors by act of Congress. These inspectors are appointed to different departments, and the condition of the hospitals in their departments would naturally claim a due share of their attention.

3. Surgeon-General HAMMOND is now on a special tour of inspection of the hospitals in the various military departments.

4. A special order was recently issued from the War Department, constituting five civilians a Board of Inspectors of Government Hospitals and Military Prisons in the Department of Washington, with full authority, etc.

5. Medical Director ABBOTT has recently been requested to make a special report on the condition of the several general hospitals in and around Washington.

6. Last week another commission composed of a Lieutenant Colonel, a Surgeon and a Captain, started on a tour of inspection of all the army hospitals in the United States.

7. We lately saw published an order granting a passage on one of the Government vessels, to a gentleman (a civilian) and his wife, for the purpose of inspecting the hospitals in the Department of the South, and this, notwithstanding the fact that Surgeon-General HAMMOND had just returned from inspecting the same hospitals.

8. And finally, the Sanitary Commission seem to have ample funds to pay the salaries and travelling expenses of a corps of hospital inspectors on its own account.

Here we have no less than eight classes of inspectors of hospitals, and we are not sure that we have included all in our list. To our unsophisticated mind there would seem to be a large amount of supererogatory labor performed in this direction, and at a very large expenditure which might profitably be thrown into other channels. We can hardly believe that the medical officers of our hospitals, the commanders of the military departments, and the regular army medical inspectors, are so remiss in their duties as to require quite such an array of supervisors of their labors. The requirements of the service call for a systematic and orderly discharge of their duties under strict military rules, on the part of all officers of departments and of hospitals, and it would seem as if

the ordinary rule of government should be sufficient to insure a faithful discharge of duty.

But granted that further inspection is necessary beyond that of military commandant, medical inspector and Surgeon-in-charge, and that it is necessary that it should be composed of civilians and in part of non-medical men, why not have a permanent Board of Inspectors composed of, say five or seven men, a majority being medical men, whose duty it shall be to visit all the military hospitals in the country, and report to head quarters on their management. Even this we should regard as a work of supererogation, but if the demand for hospital inspection must be gratified this would seem to be a better way than to have so many roving military and civilian commissions perambulating the country at a heavy expense. The funds for the support of such an army of inspectors, comes from the Government or from private benefaction, and we certainly think that money might be saved by limiting the number of inspectors, and we feel quite sure that the object would be better accomplished beside.

CATALOGUES.

The medical book publishers usually at this season of the year scatter their catalogues broadcast over the land. We offer no objection to their doing so, so long as they do not disfigure the medical works they issue, by binding them in as part of the book. It is a nuisance, and what is more, amounts to a fraud on the medical public. Physicians are very willing to have a catalogue, and particularly a priced catalogue of medical books by itself, and would not object to pay a moderate price for one, but they do not wish to have these catalogues foisted upon them in every book they buy. The publisher who will issue his medical works without the cheat of a catalogue printed on whitey-brown paper bound in as an appendix to the book, will both confer a favor on medical men and benefit himself.

Another thing. We would respectfully suggest to publishers the propriety of occasionally issuing a new edition of their catalogues, and of expunging some of the old recommendations of their works quoted from medical journals long since defunct, and whose character and standing when they did exist was, to say the least, doubtful. Medical men when they read the judgments of reviewers on books that have been issued, wish to have modern ideas of the work, published in existing journals of known character and standing. A reform in this matter would be mutually beneficial to physician and publisher.

Notes and Comments.

Affairs of the Army Medical Department.

The Commission to investigate the affairs of the Medical Department of the army have completed their report, and it is in the hands of the Secretary of War. According to published statements, the result of the investigation is anything but creditable to the management of the Bureau. We sincerely trust that the published accounts are exaggerations.

Dr. Salisbury.

It has been announced that Dr. Salisbury, Surgeon of the Board of Enrollment of the Fourth Congressional District of Connecticut, had been suspended from the discharge of his duties. He has been tried and sentenced to thirty day's imprisonment, a fine of $200, and discharged from the U. S. Service. The judgment has been approved, except the omission of the imprisonment. Dr. Salisbury it seems, was not charged with malfeasance in office, but for not attending daily at the Provost Marshal's office. His plea was that there was nothing for him to do there.

Death Attributed to Chloroform.

In a late number of the *American Medical Times*, Dr. O. D. Pomeroy, of New York, reports a case of "Death resulting from the use of Chloroform during labor."

It seems that half an hour from the commencement of the inhalation, after the birth of the child, and when the patient was returning to consciousness, there were signs of irritation of the air passages "as evinced by a few moist râles." The next morning at ten o'clock "mucous râles were heard throughout the lungs; pulse feeble, with other signs of sinking." No relief was obtained by stimulants and an emetic, and she died in ten or fifteen minutes thereafter.

This, we think, is one of the cases—and we do not doubt there are many—in which death is wrongfully attributed to the use of chloroform. Dr. Pomeroy seems to suggest that the chloroform might have belonged to a lot made by a manufacturer, which he had endeavored to recall from the

market, that had decomposed and gave off free chlorine, but there is no proof of it. If, however, the death of the patient resulted from the inhalation of free chlorine, it should be attributed to that, and not to chloroform.

It has been our experience to lose at least one patient, in apparent perfect health, in whose case no anæsthetic was given, within half an hour from the birth of the child, by congestion of the lungs. Had chloroform been administered, there is little doubt but this case would have been regarded as adding another to the black catalogue of deaths charged to that anæsthetic.

Chloroform may be responsible for some deaths, but we very much doubt whether it does half the mischief that is attributed to it.

Correspondence.

FOREIGN.

LETTERS FROM Dr. W. N. COTE.

PARIS, *Nov.* 6, 1863.

Epidemic Typhus.

There are alarming reports current respecting the state of the public health at Dijon, a large city in the interior, where the deaths from typhus are said to have amounted to from twenty to thirty per day. A careful examination of the registers has proved, however, that the average number carried off by that epidemic is less than three per day, and has never been more than one-half of the total number of deaths from all causes. I see by the *Lancet* that during the last few weeks there has been a great increase of this fever in London. After subsiding during the summer, the epidemic has reappeared with greater intensity, the Fever Hospital containing at the present moment one hundred and ninety patients, almost all suffering from typhus fever of a severe form, and many applicants, it is said, have been refused admittance for want of room. A plan is now under consideration for increasing the accommodation of the hospital by the erection of temporary buildings. It is feared that the epidemic will be of considerable magnitude during the coming winter.

Deafness Caused by Osseous Tumors in the Meatus.

Dr. BONNAFONT publishes three cases of deafness caused by osseous tumors in the meatus auditorius. The first was that of a man, aged thirty-two, who had become completely deaf on the right side, in consequence of an osteite closing of the meatus. The other was an identical case of a young girl of seventeen. In both these cases the deafness dated back two years. The third was the case of a man of thirty-five, affected with tumors in both ears. Until now, medical writers have proposed no other means for conquering those affections but the extirpation of the tumors, without quoting any fact in support of this opinion. Dr. BONNAFONT, considering that unless the nerve of the ear is sound no operation is worth attempting, began by ascertaining the existence of this important condition by means of a watch and a tuning-fork applied to the different regions of the cranium. If the ticking of the watch is heard, an operation is sure to be attended with success, while in the contrary case it would be absolutely useless. This is a simple and almost infallible method of auscultation, calculated to prevent any mistake likely to ensue by operating on patients before ascertaining the state of sensibility of the auditory nerves. Dr. BONNAFONT, avoiding the use of sharp instruments in the case of his three patients, opened a passage between the osseous tumor and the opposite surface of the passage by means of small bougies, made of whalebone and India-rubber, and of different diameters, beginning with the smallest, and seconding their action by slight cauterizations with nitrate of silver. The treatment succeeded; and Dr. BONNAFONT remarks, as a curious circumstance, that although the openings thus obtained are exceedingly small, yet they are sufficient for the admission of the sonorous waves.

Retirement of Trousseau.

It is stated that Dr. TROUSSEAU, whose lectures have always been so eagerly followed, has applied to be placed on the retired list, being, as he says, fatigued and in need of repose. His pupils were thrown into dismay by this announcement, and immediately got up a petition to the Minister of Public Instruction, begging him not to accept the application. The petition lies at the Hôtel Dieu for signature.

W. N. CÔTE.

PARIS, *Nov.* 12, 1863.

Canine Madness.

The following case, related by an English paper, shows how long hydrophobic virus may remain in the human economy without manifesting its effects. A young man named Moss, a stonemason, was admitted at the Liverpool Infirmary, laboring under unusual symptoms. He said he had not taken anything for some time except a cup of tea, and that he had taken it with difficulty; he could swallow no solid food of any kind. The doctor directed a glass of water to be given to him. The man evinced no fear of it, but endeavored to swallow it; he managed to get the water to his mouth, and also to swallow it, to a certain extent; then violent spasms of the muscles of the neck set in, and he ejected the water and also some froth and saliva, violently shaking his head at the same time, and apparently choking. This occurred every time he attempted to take anything. The medical man, thinking it principally nervousness, as the patient denied ever having been bitten by a dog, ordered him a mixture of chloric ether, etc. The patient, however, afterward said that he had been bitten *seven years ago*, but it had escaped his memory when asked before. About two in the afternoon, delirium set in; his head was

shaved, and the temporal artery divided; he became so delirious that it was necessary to tie him down. Morphia was administered, but with little or no effect; chloroform was also tried, but found to be of no service. His gestures and exclamations were horrible. He continued to eject froth and saliva, along with a dark fluid, which he threw some distance by the shaking of his head. He made attempts to bite those who came near him, and it was with great difficulty that he was restrained. A horrible grin frequently distorted his countenance. He appeared insensible to everything around him, and died at five in the afternoon. At the post-mortem examination, the medical men were unanimously of opinion that it was a case of hydrophobia.

Delirium Tremens.

The Registrar-General of London mentions in his return of last week the case of a horse-keeper, who died of *delirium tremens*, excited by a wound in his left thumb from a horse's tooth.

Pneumonia among Cows.

Professor Gamgee lately lectured on disease in London dairies. He spoke of the prevalence of pneumonia among the cows, and recommended an organized system of inspection by duly qualified veterinary surgeons, with a view to the speedy separation of the diseased from the healthy cattle.

New Symptom in Typhus Fever.

Dr. Beau has recently called attention in his clinical lectures to a peculiar symptom of typhus fever, which had up to the present time escaped observation. It consists in an irregular and convulsive contraction of the small muscles of the face which surround the mouth. This contraction occurs whenever the patient speaks, and becomes visible by the pulling of the skin round the lips and chin, caused by the traction of the subjacent muscles. Those chiefly engaged in this motion are the common levator of the upper lip and the alœ nasi, the levator proprius of the upper lip, the zygomaticus minor, the triangular muscle of the lips, and the levator of the chin. The convulsive motions of these small muscles vary according to the patients. In some it is the levator communis, in others the levator proprius, in a third the zygomaticus minor, etc., but it is very rare to see all these muscles move at once in the same patient. Their motion is never perceived in a state of health while speaking, but scarcely ever fails to be visible in patients laboring under dothienenteria, or typhus fever complicated with malignant ague.

The Formation of Callus.

Dr. Jobert de Lamballe has communicated to the Academy of Sciences an interesting paper on the formation of callus, the substance provided by nature for the junction of bones severed by fracture. The ancients attributed the formation of callus to the secretion of a gelatinous substance between the fragments, which substance, by hardening gradually, soldered, as it were, the fragments together. Some also admitted the elongation of the osseous fibres. Antonio Xeide was the first to remark, from experiments upon frogs, that a stratum of blood surrounded the fragments, and that this blood passed through several states until it became a cartilage, then a bone, and that it united the fragments by forming a sort of ring round the fracture. John Hunter confirms this view, adding that the arteries deposit calcareous matter on the fracture, which, contributes to the ossification of the callus. Haller and Dethleef are of opinion that callus is formed by a gelatinous juice issuing from the extremities of the fractures, and chiefly yielded by the marrow. Having spread round the fracture, it gradually coagulates, and becomes cartilage, in which certain osseous nuclei are formed, which gradually spread and transform the cartilage into bone. According to these authors, the periosteum exercises no influence over the formation of callus. But the latest theory, advocated by Duhamel, Fougeroux, Dupuytren, Cruveilhier, and Flourens, on the contrary, attributes a fundamental action to the periosteum and the medullary membrane. Not only these, but also the ligaments, the cellular tissue, and the adjoining muscular strata, become ossified to form a ring around the fracture. Two successive calli are formed—the provisional one in the course of thirty or forty days, by the ossification of the periosteum and the surrounding parts, and of the medullary tissue. This, however, is gradually absorbed, and succeeded by a definitive callus, which solders the extremities together, and takes no less than eight months or a year for its formation. This theory, I know, is opposed by many eminent French surgeons, amongst whom I may mention Dr. Gosselı, Professor of Surgery of the Medical Faculty of this city. He expresses the opinion that not only the periosteum and the medullary membrane, but also all the adjoining parts, such as the blood-vessels, the different tissues, etc., contribute, each for its part, to the regeneration of bone.

Clinical Instruction in Paris.

I remark in the Reporter of the 3d ult. an editorial article on the importance of clinical instruction. Nothing can be more profitable to the medical student than that mode of teaching. It is extensively employed in this metropolis, which may be justly considered as the centre of the medical world. Students are required to produce, at the beginning of the corresponding trimestrial periods, certificates from the administration of hospitals, stating that they are attached to the clinical service, and at the termination of these periods, certificates delivered by the *chef de service*, and confirmed by the inspectors of the hospitals, affirming that they have attended regularly. Hospital visits are made daily, at 7 o'clock in the morning, by the physicians and surgeons. The medical and surgical cliniques of the Faculty are in three of the principal hospitals, viz.: La Charité, l'Hotel-Dieu, and l'Hôpital des Cliniques. After the visits, the professors deliver lectures upon the more instructive cases, and sometimes see out-patients, so that the time devoted to the sick poor,

and to instruction, is about three hours every morning during the scholastic year.

You are aware that hospital physicians and surgeons are assisted in their duties by *internes* and *externes*. I will refer again to this matter in my next.

W. N. Côte.

Army and Navy News.

Plaster Casts for Army Medical Museum.

[Circular No. 26.] Surgeon-General's Office, Washington, D. C., November 24, 1863.—The attention of medical officers in charge of United States Army General Hospitals is invited to the importance of preparing illustrations of the results of surgical operations. These can, in many instances, be conveniently obtained by means of plaster casts, which are readily made without subjecting patients to the slightest inconvenience.

The casts most desired are those of stumps of amputations of every variety, and models of limbs upon which excisions may have been performed.

In selecting proper subjects for representation, it would be well to choose not only cases in which the results have been favorable, but also those in which they may have been unfavorable. In a collection like the National Museum, truthful representations of both good and bad results are alike instructive and valuable for future reference and study.

These casts, when made, should be forwarded to the Army Medical Museum by express The expressage will be paid in Washington. All preparations should be accompanied by proper histories, with name, rank, and station of the contributor, who will be duly credited in the Museum Catalogue.

J. K. Barnes,
Act. Surg.-Gen.

[Circular.] Surgeon-General's Office, November 21st, 1863.—Sir: The Secretary of War, having authorized the payment for washing from the appropriation for the Medical Department for those hospitals and hospital steamers where a sufficient number of laundresses cannot be employed, you are directed to have the bills contracted under these circumstances presented to the nearest medical disbursing officer for payment.

By order of the Acting Surgeon-General.

C. H. Crane,
Surgeon U. S. A.

To Medical Directors.

[Circular.] Surgeon-General's Office, December 2d, 1863.—Sir: The Acting Surgeon-General directs that the accounts of officers treated in general hospitals be hereafter rendered to this office, only at the time of their discharge from the hospital, or of their decease while in it, instead of being forwarded monthly as heretofore.

The account of each officer is to be made out separately, embracing his total indebtedness from the date of his entry into the hospital to that of his leaving it, and is to be transmitted promptly at the latter time.

By order of the Acting Surgeon-General.

C. H. Crane,
Surgeon U. S. A.

To Medical Directors.

The following orders have recently been issued from the War Department:

Released Surgeons.

Surgeon Alexander Ewing, 13th Michigan Vols., recently released as prisoner of war from Richmond, Va., will join his regiment. Permission to delay reporting until January 1st, 1864, is hereby granted him.

The following medical officers, recently released as prisoners of war from Richmond, Va., will join their regiments. Permission to delay reporting for thirty days is granted them:

Surgeon E. M. Seeley, 21st Illinois Vols.
Ass't Surgeon W. B. Hornbrook, 42d Ind. Vols.
Ass't Surgeon Wm. Spencer, 73d Ind. Vols.
Ass't Surgeon R. R. McCardless, 110th Ohio Vols.
Ass't Surgeon P. G. Barrett, 7th Ohio Cavalry.
Surgeon W. A. Rogers, 3d Tenn. Vols.
Surgeon Wm. M. Houston, 122d Ohio Vols.
Ass't Surgeon D. B. Wren, 75th Ohio Vols.
Surgeon J. L. Woodin, 68th Ind. Vols.

The following medical officers, recently released as prisoners of war from Richmond, Va., will join their regiments. Permission to delay reporting for twenty days is hereby granted them:

Surgeon Daniel Mecker, U. S. V.
Ass't Surgeon Josiah L. Brown, 116th Ohio Vols.
Ass't Surgeon Charles D. Simpers, 6th Md. Vols.
Ass't Surgeon Alex. M. Parker, 1st Maine Cavalry.
Surgeon A. W. Whitney, 13th Mass. Vols.
Surgeon L. Holbrook, 18th Conn. Vols.
Surgeon Geo. B. Lummus, 13th Penn'a Cavalry.
Surgeon W. F. McCurdy, 87th Penn'a Vols.
Surgeon W. B. McGavran, 26th Ohio Vols.
Surgeon James T. Reeves, 21st Wisconsin Vols.
Surgeon O. Q. Herrick, 34th Ill. Vols.
Surgeon S. B. Hawley, 35th Ill. Vols.
Surgeon L. J. Dixon, 1st Wisconsin Vols.
Surgeon Wm. Forrister, 5th Kentucky Cavalry.
Surgeon J. Shrady, 2d East Tenn. Vols.
Surgeon C. W. Fowler, 105th Ohio Vols.
Surgeon J. M. Cook, 24th Ohio Vols.
Surgeon J. M. Rice, 25th Mass. Vols.
Surgeon J. McCurdy, 11th Ohio Vols.
Surgeon T. L. Magee, 51st Ill. Vols.
Surgeon C. Helm, 92d Ill. Vols.
Ass't Surgeon W. H. Lemon, 82d Ind. Vols.
Surgeon H. J. Herrick, 17th Ohio Vols.
Surgeon Geo. P. Ashman, 93d Ohio Vols.
Surgeon J. R. Brelsford, 74th Ohio Vols.
Surgeon Christopher S. Arthur, 75th Ind. Vols.
Ass't Surgeon J. C. Fruit, 54th Penn'a Vols.
Ass't Surgeon G. H. Blaker, 21st Mich. Vols.
Ass't Surgeon G. E. Ranny, 2d Mich. Cavalry.
Ass't Surgeon J. K. Moore, 13th Ohio Vols.
Ass't Surgeon R. H. Tullis, 7th Ohio Cavalry.
Ass't Surgeon A. J. Larry, 2d Tenn. Cavalry.
Ass't Surgeon C. P. O. Hanilon, 90th Ohio Cav'ly.
Ass't Surgeon E. M. Howland, 24th Ohio Vols.
Ass't Surgeon W. H. Graham, 101st Ind. Vols.
Ass't Surgeon S. E. Hollzman, 58th Ind. Vols.
Ass't Surgeon A. L. H. Burnett, 8th Tenn. Cav'ly.
Ass't Surgeon W. G. McFadden, 79th Ind. Vols.
Ass't Surgeon O. Nellis, 2d Virginia Cavalry.
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Appointment Revoked.

W. Pryor, having withdrawn the acceptance of his appointment as Ass't Surgeon, 1st U. S. Colored Troops, and not having been mustered into service, said appointment is hereby revoked from its date.

Discharged.

Ass't Surgeon James Chapman, 90th New York Vols., is hereby honorably discharged and mustered out of the service of the United States, to date April 21st, 1863, he having been appointed Surgeon of the 123d New York Vols.

Hospital Inspection.

Last week a commission composed of Lieutenant-Colonel Lathrop, Surgeon Reiley, and Captain Horton, started on a tour of inspection of all the army hospitals in the United States. The commission will first visit Pennsylvania and New York and the Eastern States, after which the officers will proceed to the Southwest and finally to the Atlantic coast.

MARRIED.

Getchell—Twiggs.—In this city, on Tuesday, December 1st, by the Rev. Henry W. Ducachet, D. D., Rector of St. Stephen's Church, Frank H. Getchell, M. D., of Maine, and Frederica C., daughter of the late Major L. Twiggs, of the United States Marine Corps.

Smith—Peebles.—In Northampton, Mass., on Tuesday, December 1st, by Rev. Ira D. Clark, Charles Hatch Smith, of Brooklyn, son of the late J. H. Smith, M. D., of Auburn, Cayuga County, N. Y., and Antoinette Maria, eldest daughter of Lyman Peebles, Esq., of Northampton.

Stephens—Bassett.—In Birmingham, Conn., on Tuesday, December 1st, by Rev. C. C. Carpenter, Edward Stephens, of New York, and Sallie, daughter of Dr. M. B. Bassett, of the former place.

DIED.

Crooks.—At Sterrett's Gap, Perry Co., Penna., October 16th, 1863, of consumption, contracted while in the service of the United States, John W. Crooks, M. D., of the Ninth Regiment Pennsylvania Cavalry, in the 38th year of his age.

Greene.—In New York, on Wednesday, December 2d, Mrs. Margaret Greene, widow of Dr. David Greene, in the 97th year of her age.

Hines.—On Sunday, November 15th, at Oak Grove, Carroll Co., Md., Emma Louisa Hines, only daughter of Dr. Wm. M. and Mrs. P. H. Hines.

METEOROLOGY.

November	30,	D. 1,	2,	3,	4,	5,	6.
Wind	N.	N. W.	W.	E.	S. W.	W.	N.
Weather	Clear.	Clear.	Cl'dy.	Cl'dy.	Clear.	Clear.	Clear.
Depth Rain							
Thermometer							
Minimum	39°	19°	28°	31°	31°	30°	24°
At 8 A. M.	32	23	33	31	41	45	26
At 12 M.	34	33	51	37	47	54	31
At 3 P. M.	34	33	47	41	51	51	33
Mean	34.7	27	39.7	35	42.2	45	28.5
Barometer.							
At 12 M.	30.3	30.5	30.1	30.5	30.1	30.2	30.6

Germantown, Pa. B. J. Leedom.

VITAL STATISTICS.

	Philadelphia. Week ending December 5.	New York. Week ending December 7.	Baltimore. Week ending December 7.	Boston. Week ending December 5.	Providence. Month of October.
Popl'n, (estimated.)	580,000	950,000	240,000	180,000	52,000
Mortality.					
Male	147	195	60	39	38
Female	128	205	36	47	49
Adults	133	207	51	50	51
Under 15 years	134	186	45	31	34
Under 2 years	82	109	22	27*	18
Total	275	400	96	86	87
Deaths in 100,000	47.04	42.11	40.00	47.77	18.73
American	191	238	...	49	64
Foreign	67	162	...	37	23
Negro	14	6	24	...	4
Zymotic Diseases.					
Cholera, Asiatic	...	...	...	...	...
Cholera Infantum	...	...	...	...	...
Cholera Morbus	...	...	...	...	3
Croup	23	24	6	6	...
Diarrhœa	2	9	...	1	4
Diphtheria	18	23	2	3	1
Dysentery	...	3	...	...	4
Erysipelas	1	3	...	...	...
Fever, Intermittent	...	...	...	...	...
Fever, Remittent	...	...	...	...	...
Fever, Scarlet	1	15	3	3	...
Fever, Typhoid	9	15	3	1	4
Fever, Typhus	4	8	...	...	...
Fever, Yellow	...	...	...	...	...
Hooping-cough	...	6	1	2	1
Influenza	...	...	...	...	...
Measles	...	3	...	2	...
Small Pox	1	2	19	...	...
Syphilis	...	...	...	1	...
Thrush	...	..	...	...	...
Sporadic Diseases					
Albuminuria	...	7	...	...	...
Apoplexy	...	8	1	2	1
Consumption	40	67	19	18	18
Convulsions	8	25	...	2	2
Dropsy	3	15	...	2	3
Gun-shot Wounds	1	...	...	...	...
Intemperance	4	1	...	...	...
Marasmus	6	14	...	1	...
Pleurisy	...	...	...	...	...
Pneumonia	21	36	1	6	3
Puerperal Fever	...	4	...	...	...
Scrofula	3	1	...	...	...
Violence and Acc'ts	8	12	2	1	2

* Under 5 years.

TO CORRESPONDENTS.

For the information of those who are not authors, we will state that MANUSCRIPT INTENDED FOR PUBLICATION MUST BE WRITTEN ON BUT ONE SIDE of the sheet. If greater care was taken in the preparation of copy, much trouble would be saved to printers, and mistakes would rarely or never be made.

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THE

MEDICAL AND SURGICAL REPORTER.

No. 370.] PHILADELPHIA, DECEMBER 19, 1863. [Vol. X.—No. 34.

Original Department.

Communications.

DEFECTIVE AND IMPAIRED VISION, With the Clinical use of the Ophthalmoscope in their Diagnosis and Treatment.

By Laurence Turnbull, M. D.,

Ophthalmic Surgeon to Howard Hospital, &c.

Retinitis (Continued.)

The descriptions by the older writers of this disease, before the invention of the ophthalmoscope, were vague and uncertain, and even Tyrrell,* the great English master in ophthalmology, employs the term "acute retinitis" as synonymous with "glaucoma." The authority who is most to be relied upon is Mackenzie,† who in his latest work takes advantage of the knowledge obtained by the use of the ophthalmoscope. He describes "Idiopathic retinitis acute and chronic," with "Retinitis from undue lactation;" he omits one of the most important forms, namely, "Syphilitic retinitis," which is one of the sequelæ of iritis after apparently all inflammation has passed away, leaving the cornea lens and vitreous humor transparent. The following case will illustrate this class.

Mrs. Mary D——, aged 42, applied as an outdoor patient at Howard Hospital, with entire loss of vision, January 1860. Her sight has been failing her since July, 1859; was a healthy woman previous to marriage, and lived with her husband twenty-one years, when he became sick. She has six healthy children, but the seventh was born covered with an eruption, and was in the Children's Hospital of this city under treatment, and the physicians informed her that he has syphilitic disease. She has had chancres on her lip and in other parts of her body of a specific character, has taken mercury, her sight failed her gradually without pain.

Ophthalmoscopic examination—cornea, iris and lens clear; optic nerve appears enlarged, irregular and of whitish texture; large irregular white patches are scattered over the retina.

Being placed upon a specific course of treatment, by the 14th she stated she felt much better, and can see the clock and the hands on it; by the 28th she could see the letters on her paper, and ultimately she was able to come to the hospital for her tonics and iodide of potassium alone. Numerous cases of this class of disease present themselves at my clinic, and the ophthalmoscopic appearances of secondary syphilis vary slightly. In some instances gray and white flocculi are seen in the vitreous space, which change their position when the eye moves. The optic nerve is seen as through a ground glass. The vessels of the retina are usually small and difficult to be seen, with red, yellow, brown, or black patches near the yellow spot.

An interesting case I saw in the London Ophthalmic Hospital is apropos to the present time in our own navy. A sailor desired to be discharged on account of loss of sight, from the Royal Navy; he was suspected of malingering, and sent by the Government officer to be examined. To look at his eyes there was nothing to indicate disease. The cornea, iris and lens were not dimmed, he had only a faint perception of light in one eye. The other was somewhat better, so that he could guide himself, but not sufficient vision to fit him for Her Majesty's service. On examination by the ophthalmoscope the whole surface of the retina was covered with black patches, and occasionally white patches of lymph were seen, which was the result of syphilitic poison, and demonstrated the utility of the ophthalmoscope.

The Diseases of the Retina in Morbus Brightii

"The ophthalmoscopic signs are congestion, hemorrhage and slight haziness of the retina. This opacity increases the apparent size of the optic disc by confusing its outlines, and renders the vessels less distinct than natural. These seem to terminate taperingly at the surface of the optic disc, beneath which they cannot be followed. Small bright yellowish-white dots appear in the opaque retina, at first thinly scattered, but becoming confluent. They form large patches, which ultimately coalesce and overspread a considerable extent of the retina with a whitish opacity, the uniformity

* Practical Work, &c., Vol. ii., p. 146.

† Practical Treatise, &c., 4th London, 2d American, p. 555.

of which is broken by blotches of effused blood." ("Hulke" Practical Treatise, p. 50.)

The following is an interesting case from Prof. F. Horner * Anna Fischer, eleven years old, in June, 1860, suffered from an eruption of the skin, the nature of which cannot well be determined. After the disappearance of the exanthema, the child remained dull, sleepy, without appetite, suffered from constipation, and had an augmented wish to urinate; no hydrops; several weeks afterward a violent convulsive attack during the night, with entire loss of consciousness. The latter returns twice; the last time at the end of September. After the last attack vision was almost entirely lost for some days, and remained weak afterward.

The state of the patient on the 9th of November was the following: She is tall, very pale, thin, and not hydropic; pulsation of the heart very strong, visible on a large part of the left side, and disagreeable to the patient; horizontal diameter of heart considerably increased; sounds pure, urine considerable in quantity, pale somewhat opalizing; specific weight 1005, containing an uncommonly large quantity of albumen. No cylinders of fibrine; pupil somewhat dilated, and not very movable. She reads with the right eye some words of No. XVI; with the left, letters of No. XI. Field of vision normal. The ophthalmoscope shows the typic condition of retinitis of a high degree in morbus brightii. The optic nerve was merely characterized by the ends of its veins. Its margin is not distinguished from the neighborhood, but seems one in color with the surrounding zone of grayish infiltrated retina. Arteries mostly colored, veins pretty large. The white infiltrated zone of the retina extends around the whole optic nerve, and covers the vessels. Its diameter is three times the diameter of the yellow spot. There were no apoplexies, but several deposits of pigment. Patient entered Dr. H.'s institution November 11. Ordered Tinctura ferri acet, twenty drops three times daily. During the next month the general condition of the patient considerably improved, specific gravity of urine 1010.

Much more astonishing was the amelioration of vision. After one month, on the 9th of December, patient read No. 11 on both sides; with her left eye, words of No. 1. The margin of the papilla of the optic was more visible with the ophthalmoscope; on the left side the color of the "zone" and near the yellow spot the same; on the right side the condition remained unchanged.

The increased violence in the beating of the heart, after the patient left the institution, caused Prof. H. to give during three weeks the powder of *secale cornutum (gr. 10 pro die)*. The beating became less, but auscultation did not reveal any decrease in the size of the heart. Vision remained the same, and she read with her left eye No. 1 fluently (January, 1861.) Three months later the author saw the patient, and he found the retina had become almost perfectly normal. Ordered pills of ferri reduct, with extr. gentian, on account of anæmic appearance. At the end of 1862 patient was considered well."

* Klinische Monatsblätter für Augenheilkunde and American Journal of Ophthalmology, Vol. i., No. 6, p. 236.

MEDICAL FRAGMENTS.

By A. P. Dutcher, M. D.,

Of Enon Valley, Lawrence County, Pennsylvania.

(Continued from p. 446.)

Mushroom Poisoning.

A few nights since I was called to see Mr. D., who was said to be badly poisoned by eating mushrooms for his supper. From his wife I learned that he retired to rest about nine o'clock, feeling as well as usual. About ten he awoke complaining of nausea and pain in the bowels; these symptoms were soon succeeded by vomiting, purging, and cramps. After having several copious evacuations from the bowels the purging ceased, but the vomiting continued. This was repeated at intervals of about twenty minutes, for more than two hours, when she became alarmed and sent for me. When I arrived the patient was very delirious. He had lost the power of his limbs, and was not able to turn himself in bed. His whole muscular system appeared to be perfectly prostrated. Skin moist and warm, pulse 38 per minute, and intermitting; respiration 10 and irregular; pupils very much dilated. He complains of being unable to see or hear. His vomiting is now more frequent than at first, and the matter discharged is nothing but water, and mucous streaked with blood.

The treatment prescribed was a sinapism over the epigastrium, and a teaspoonful of the following mixture in a wine glass full of gum water, every half hour until the vomiting ceased.

℞. Tinct. camphoræ,
Tinct. opii, āā fʒss. M.

On calling in the morning I found my patient somewhat better. He ceased to vomit after the third dose of the medicine. He is rational, but still complains of being unable to see. Pulse 40 and still intermitting; respiration 12 and irregular; has more muscular power, can turn himself in the bed by making a strong effort; has passed no urine for fourteen hours and has no desire to do so. He complains of nausea, pain in the stomach and bowels. There is unusual heat in the abdomen, and it is tender to the touch. His tongue is very red, and he complains of thirst. Fearing inflam-

mation of the stomach and bowels, a blister was applied over the abdomen, and one of the following pills was ordered every three hours:

℞. Hyd. chlorid. mit. gr. xij.
Pulv. opii. gr. vj. M.

Gum water was allowed for drink.

The symptoms of gastro-enteritis annoyed him for a day or two, when they gradually disappeared. His pulse did not regain its normal frequency and regularity until the evening of the third day.

I examined a specimen of the plants which Mr. D. ate. They belonged to the variety that is regarded as edible. They were, however, old, and had a bitter acid taste, and a faint narcotic odor, and instead of cooking them in boiling water, as is the usual custom in this vicinity, they were fried in butter. This mode of cooking them undoubtedly made them poisonous, for it has been well ascertained that even the poisonous varieties of the plant may be rendered perfectly harmless by boiling them in vinegar and water. Dr. Christison, in his work on Poisons, says that Dr. Pouchet, of Rouen, gave a quart of the water in which five poisonous mushrooms had been boiled, to a dog, who died in eight hours; but the boiled fungi themselves had no effect upon other dogs. Another, who was fed for nearly two months on little else than a poisonous variety of the plant boiled, not only sustained no harm, but actually got fat on his fare.

Hospital Reports.

Philadelphia Hospital, *Nov.*, 1863.

Surgical Clinic of Dr. D. Hayes Agnew.

Reported by *Drs. Reeve* and *Ford.*

Intra-Capsular Fracture of the Neck of the Femur.

R. L., aged seventy-three years, was brought to the clinic on account of an injury of the left thigh produced by a fall. While walking across the floor her foot caught in the carpet causing her to fall upon the great trochanter of the left extremity. She complained of great pain in the thigh, and was unable to move the affected limb.

The diagnosis is made from the history of the case, and from the following symptoms: The patient is old and feeble; she found herself suddenly deprived of the use of her limb, from a slight cause; by measurement the distance between the anterior superior spinous process of the ilium and great trochanter of each side varied, being an inch shorter on the affected side. The patient lying perfectly straight upon her back, the distance between the umbilicus and internal condyle of the femur of the injured thigh was much less than the distance between similar points of the sound side. Preternatural mobility was observable; the limb could be rotated, adducted and abducted, flexed and extended upon the pelvis. Crepitus could not be elicited, probably owing to the intervention of some material between the ends of the bone. Eversion of the foot and of the whole limb was present in a marked degree. As before remarked, the great trochanter was nearer to the ilium than it would be were the femur unbroken, was less easy felt, and moved in the arc of a smaller circle than natural, when rotated. All these symptoms of the fracture taken conjointly with the trivial manner of its occurrence, and the age of the patient, namely seventy-three years, unmistakably indicate a fracture of the neck of the femur within the capsule.

A lesion of this character is generally produced by a trivial cause, as this case exemplifies. The sudden twisting of the limb, or a slight blow upon the thigh have been known to produce it in old subjects. It occurs in old age—seldom happening to persons under the age of fifty years—and depends upon change in the structure and position of the neck and head of the bone.

In youth the proportion of animal matter of the bones exceeds that of the earthy matter, but in advanced life the reverse is the case, the earthy matter predominating, hence, the bones are brittle and easily fractured. In advanced life the head and neck of the femur become fatty, the cancellated structure is less dense, and therefore less likely to resist force; the position of the neck of the femur, too, is changed in old age—it is more horizontal, so that the force is not so well directed in the line of the bone, but spends itself upon the neck. This variety of fracture is more common in females, on account of the greater tendency to fatty degeneration and atrophy of the neck of the bone, and on account of its position being more horizontal than in males. Shortening of the limb is not generally more than one half an inch to an inch, though it is sometimes more or less. It often does not appear till several days after the injury; this may be due to the incompleteness of the fracture of the bone and of the rupture of the surrounding membranes. Preternatural mobility and crepitation are mostly very well observed. The foot and limb are everted when the patient lies supine or stands supported on one leg; when in the latter position, the heel of the injured limb is directed toward the hollow of the foot of the perfect side, and is considerably elevated, while the toes rest on the floor. Eversion has been ascribed to the action of the external rotator muscles of the thigh by some, by others to the weight of the limb when uncontrolled by the muscles. The mode of treatment of this kind of fracture is influenced by the kind of repair we expect, and by the condition of the patient. Inasmuch as union of the extremities of the fractured bone, in the most favorable cases can only be fibro-ligamentous, and that the cases are mostly old, decrepid persons whose constitutions cannot with stand the exhausting effect of long confinement, the simple plan of Sir Astley Cooper is most frequently adopted. The limb is placed upon a double inclined plane of pillows, and kept at rest in an easy comfortable position for two or three weeks; the patient is then allowed to sit up in a chair, and shortly to move about on crutches, the shortness of the extremity being supplied by a high-heeled boot or shoe.

Osseous union can hardly be expected even in the most favorable cases, for the following reasons: 1st. Deficient nutrition of one of the fragments, the head of the bone being separated, it can only draw its nourishment from vessels derived by the ligamentum teres which is inadequate to the proper supply. 2d. Want of proper coaptation of the ends of the bone. 3d. Presence of synovial fluid about the ends of the bone. 4th. Want of the adjuvant power of the surrounding tissues; the capsular ligament separates the parts from the surrounding tissues which principally produce the provisional callus. 5th. Old age and feebleness of the patient.

Paralysis of the Muscles of the Forearm.

Samuel F., aged forty-eight years. About two months ago while on a debauch, the patient lay all night in an exposed place; in the morning he had very little use of his right forearm, which the night before was under his control. He was admitted into the hospital and placed under treatment. Whether the paralysis was produced by intemperance and exposure, or by pressure of the head of a crutch upon the axillary plexus of nerves (the patient being a cripple), or by both, or by other causes, cannot be postively determined. Iodide of potassium was administered internally, and stimulating embrocations and frictions locally, with no benefit; the embrocations and frictions were continued, and in addition electricity was applied to the muscles daily for several weeks, with the administration of small doses of strychnia. During this treatment the motor power of the muscles of the forearm gradually improved, and the patient is now entirely well. The bowels were occasionally moved by mild purgatives. The diet was nutritious and unirritant.

Jefferson Medical College,
November —, 1863.

Surgical Clinic of Prof. S. D. Gross, M. D.

Reported by *Dr. J. Gordon Maxwell.*

Rhinoplasty.

Mary A. S., a young, healthy looking woman of German extraction, married, one living child, two still born. Had been under treatment for tertiary syphilis at the clinic for some time. When first introduced the greater part of the nose had been destroyed by the disease which was still progressing, causing a most hideous deformity, while the throat was greatly ulcerated. The treatment was as follows:

℞. Potass. iodidi ℥ss.
Hydrarg. chloridi corros., gr iv.
Syrup. aurant., f℥ij.
Aquæ, f℥vj. M.
Sig. Half a tablespoonful three times a day.

℞. Hydrargyri chloridi mite,
Ext. colocynth comp.,
Pulvis jalapæ, āā gr. v. M.
Fiat in pil. No. iv.
Sig. One every other night.

Besides the above treatment the ulcerated parts were touched with the dilute acid nitrate of mercury twice a week and dressed with opiate cerate. The diet consisted of good wholesome and easily digestible food, with stimulating drinks. Under this treatment the patient rapidly improved and was soon entirely well. She was allowed to remain in this condition for two months, when the Professor, considering the disease thoroughly eradicated, pronounced her in a favorable condition for the operation of rhinoplasty, or the formation of a new nose. However before commencing the operation the patient was subjected to a rigid course of diet, in order to prepare the system for what was to follow.

As the Professor preferred the Indian method, as it is called, that was the one chosen on the present occasion, there being an abundance of tissue. The first step was to replace the defective part by a wax mould representing the original organ as nearly as possible. A piece of soft leather was then stretched over the artificial nose and cut with great care to its shape, and from this an accurate model was cut one third larger to allow of shrinkage of the soft parts. The shape and size of the flap were then carefully marked out from the centre of the forehead with tincture of iodine, when the patient was rendered insensible by chloroform.

A roll of lint being inserted into each nostril to prevent the ingress of blood, an incision was made along the iodized track, and the part dissected up down to the periosteum, care being taken not to wound the angular artery as the vascular supply of the new nose would mainly depend upon its integrity. The gap in the forehead was then sponged and as no vessel required ligation its edges were approximated by several points of the interrupted suture and adhesive straps, as little being allowed to remain open as possible. The next step of the operation consisted in paring the edges of the mutilated organ, and scarifying the skin over the bridge of the nose, in order to faciliate adhesions between the contiguous surfaces. The parts were then stitched together by means of the tongue and groove suture of Professor Pancoast. In the next place a deep transverse opening was made in the upper lip at its junction with the natural septum of the nose, about five lines in length, into which the extremity of the strip divested of cuticle was firmly implanted and kept in place by a few points of suture.

Narrow adhesive plaster was then stretched across the sides of the nose to effect more uniform approximation, and the dressing was completed by applying lint wet with oil along the line of suture, to prevent the edges from becoming dry and shrivelled. The patient was then put to bed and a full anodyne given. The dressings were not disturbed until the third day when union was found to have taken place by the first intention.

Congenital Dislocation of the Knees.

A most extraordinary and interesting case of congenital malformation was brought before the Clinic on the 25th of November. The history is as follows: Morris M., 2 years of age, a patient of Dr. Casner's, of Germantown, has a ravenous appetite, but has always been sickly, with a remarkably puny appearance.

The knee joints which are the seat of the malformation, are deficient in their patellæ, and as a consequence there is extraordinary mobility of the lower limbs. These being absent the heads of the tibiæ are thrown forward, and the thigh bones backward, the condyles forming quite a prominent projection on the posterior surface of the limb, and bearing a marked resemblance to the elbow joint when flexed, and when the limbs were placed in a straight position, diagonally across and a little above the condyles, there was a depression of a semilunar or crescentic form on the anterior surface.

Flexion could not be accomplished, although extension and counter-extension could be performed with little effort. It is a most uncommon case and one of extreme interest, as there can be nothing done for the relief of the little sufferer, the records of the profession not having thrown any light upon the subject. If the patellæ existed something might be hoped for from a long continued treatment, but as the case now stands it is beyond human ingenuity.

In addition to the preceding there existed a disease of the nose most probably of a syphilitic character, into which inquiry will be made hereafter. The only treatment considered of any avail by the Professor was that of the iodide of potassium and the bichloride of mercury; ½ grain of the former with 1-40 of a grain of the latter three times during the day.

University of Maryland,
Nov. 4th, 1863.

Surgical Clinic of Prof. Nathan R. Smith.

Reported by *Dr. J. W. P. Bates.*

Amaurosis.

Man, æt 30. This patient complains that his sight is not good, at times everything looks dim and cloudy; has been so for two or three months; no pain

in the eyes but sometimes has smarting, photophobia in slight degree, sometimes he has bright flashes, occular spectra, scintillations, also muscæ volitantes. There are no evidences of inflammation except in the retina, and the symptoms are those of hyperæmia of that membrane. If we have morbid exercise of the auditory nerve we have roaring and buzzing, etc., in the ear, and in the same manner when there is morbid exercise of the optic nerve we have these scintillations, etc. There is here most probably sub-acute inflammation of the optic nerve which is bringing about amaurosis; this is one of the most common prodromes of amaurosis. There is a slight degree of turbidness of the vitreous humor. In the treatment of this case most surgeons would use mercury, but it has done a vast amount of harm in such cases, as this disease is very little under the control of remedies. We must attend to the general health. As a local application we will use

℞. Veratria, gr. v.
Ung cetacei, 3iss. M.

Chafe the brow and then rub this in with the finger, taking care however not to put any on the lid. We will keep his bowels regular by means of pills containing aloes and soap. As an alterative we will give

℞. Potassii iodidi, gr. v.

Three times a day.

His diet should be simple but not very low. It is doubtful whether our remedies will accomplish much good.

Fracture of the Olecrannon.

Man, æt 27. The injuries of the elbow joint are almost always complicated because we have a compound articulation. This man fell from the mast head of a vessel, and struck his elbow; the right arm is very much swelled, and contused at the seat of the injury. The proper treatment in this case will be to gradually extend the arm until we get it nearly straight. An angular splint of binder's board has been used in this case. We have to guard against the action of the triceps which draws up the upper fragment. We will gradually extend the forearm, and after a little we may completely extend it and if it were not for the tumefaction would do so now. This class of injuries is often very improperly treated because if the arm is kept flexed it will only unite by means of a long ligament, if kept extended too long it will undergo anchylosis and thus become useless. Make passive motion at the end of ten days and though we may somewhat retard bony union thereby, still we give the patient a useful limb. Sir Astley Cooper says that these fractures penetrating the joint never have bony union.

Necrosis.

Man, æt 20. This disease commenced one year ago last March. Had pain for about a week before it swelled, and the patient was told he had inflammatory rheumatism. It is a very common mistake in the commencement of this disease to call it inflammatory rheumatism. The bone does not swell but the periosteum does so, slowly. This disease occupies the inferior third of the left thigh; the probe passes under the great artery and into an immense cavity, but does not touch any dead bone in a condition to be removed. We enlarge one of the orifices so as to let out the pus and also lay open these sinuses which extend in almost all directions and are producing a very bad effect by retaining the discharges. His appetite is good and we will allow him good nourishing food, and I think the preparation of iron would be useful. We shall wait until there is further separation of the sequestrum. Apply poultices. These cases are tedious unless in a condition to remove the sequestrum immediately. It sometimes remains for a long time, as I have known cases in which it was carried for twenty years. If we operate prematurely we inflict a great deal of pain and accomplish no good.

A question of great importance to the patient is, what shall we do in the incipiency of this disease? If recognized early you will find periostitis, hard swelling but no suppuration; if you are resolute you can cut down upon and divide the periosteum. Very often you will find matter under it. If the bone is diseased you must use the trephine, and thus you can cut the disease short. To distinguish these cases from those of rheumatism is sometimes difficult, but rheumatism is rarely confined to one joint and affects the joints alone. If there is enlargement of the bone it is necrosis.

Medigal Clinic by Prof. Samuel Chew.

Tonsilitis.

Jas. S., æt 22. Fisherman. This is produced by cold and wet weather, sometimes by local injury, as scalding or scratching the parts; in some produced very easily. There are various names given to inflammation of the throat according to the particular part affected; if tonsils, angina tonsilitis; if of the palate or uvula, angina diffusa. Sometimes no disease is perceptible, but after death the pharynx will show the effect of the disease which is angina pharyngea. Sometimes there are painful ulcers, pain in the Eustachian tube, then suppuration in the tonsils. If two or three days pass by without the disease being arrested it is apt to go on to suppuration, which is indicated by increased difficulty of breathing, chilly sensations, etc. When the abscess bursts relief is experienced immediately. In this case there is elongation of the uvula and enlargement of the tonsils; he spits a great deal but does not cough much. In the beginning this disease may be arrested by an emetic or by a stimulating gargle of capsicum, but they do evil if used too late, and are only suited to the inceptive stage. If active fever, use sedatives as tartar emetic, keep the bowels open with saline aperients.

When fluctuation can be felt puncture the abscess. There are many rash directions given in regard to puncturing; if you cut deeply and outward you are very apt to wound some branch of the carotid, cut toward the middle line and do not cut too deeply; but in most cases it is better to let the patient suffer a little longer and let it break. If both tonsils are much enlarged with great difficulty of breathing you had better open the abscess. This disease is not generally dangerous; sometimes it proves fatal by hemorrhage, at others it enters the larynx and closes the rima glottidis and produces suffocation, but these cases are rare. In strumous cases these attacks are liable to leave chronic enlargement of the tonsils, in which state we use alum or nitrate of silver, or remove the whole or part of the organ, but this is never done without danger of injuring the patient's voice, because mucous is not secreted, and it is apt to be husky and disagreeable for years, if not for life. This patient has had inflammation unusually high; we will keep him on low diet, saline aperients and order him to breath the vapor of warm water.

Phthisis

Man, æt 40. Has been sick for two months; intemperate in his habits; has had a cough for about three months; expectorates about half a pint during the night, but no blood; has night sweats; bowels regular; not much appetite; burning heat of hands and feet; slight chills about twice a day; soreness of the chest when he coughs. These symptoms may depend upon bronchitis or upon tubercular disease and it is of great importance to know which is the

cause. There is often a change in the appearance of the chest; here there is rather more depression under the right clavicle but it is a sign of no great importance as it does not prove the existence of phthisis but may have been produced by chronic pleurisy. Upon auscultation we place our chief reliance, here we have tubal respiration on both sides, the cells are closed to a great degree on the right; when he takes a deep inspiration or coughs we hear mucous ronchus on the right side; tubercles are beginning to soften on that side, he has also bronchitis and solidification of the lung. The bronchitis originated from the tubercles, causing irritation and an increased secretion of mucous, the air passing through which gives rise to the ronchus. Dr. Bennett says that more than one half mankind who have lived to the age of forty years have had phthisis and recovered.

This is entirely too strong language for belief, but there is no doubt whatever that recoveries are frequent, and the patient may have a second attack and die. We will put this case upon

Ol. morrhuæ, f℥ij.

Three times a day, and allow him a little whisky and water at dinner time, which will stimulate the vital powers a little, and is frequently indicated in this class of cases.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Report of the Committee of Arrangements for the reception of the Medical Society of the State of Pennsylvania.

[Published by order of the Philada. County Medical Society.]

Wednesday, *October* 21, 1863.

Dr. Condie, Chairman of the Delegation from this Society to the Pennsylvania State Medical Society, reported, on behalf of said delegation, that the late session of the State Society was one of uncommon interest. The attendance was highly encouraging, as well in respect to numbers as in the professional standing and abilities of the several delegations from the interior. Delegates, he was happy to say, were present from parts of the State which had not previously been represented, as well as from others in which the professional organizations of former years had, for a longer or shorter period, become extinct. Immediately after the adjournment of the session of 1862, a systematic effort was commenced, through a committee appointed by the State Society, to effect, if possible, an organization of the medical profession in every county throughout Pennsylvania. There is a fair prospect that the efforts of this and similar committees that shall annually be appointed will be ultimately crowned with success, and that medical organizations will spring up in sections of Pennsylvania where, heretofore, by many, medical organization has been considered impossible. This much, at least, seems to be certain, that all, or nearly all, the county organizations which formerly existed in the State will be speedily revived with every encouragement, and that they will exhibit greater efficiency, zeal, and permanency than during their first existence.

The reports from County Societies, presented to the State Society at its last session, though few in number, were particularly interesting and instructive. In the more elaborate of these reports, to a certain extent, indeed, in all of them, was presented a very fair exhibit of the movements and changes which have taken place in the prevalence and character of the sporadic and endemic diseases of those sections of country, the medical history of which they profess to give, together with a brief notice of the state of the weather, the topography of the country, and the number, character, occupations and condition of the inhabitants. This subject is one of very great importance, in consequence of the aid it furnishes us in our investigation of the etiology of the same diseases, and others closely allied to them, occurring in other localities.

The brief continuance of the annual sessions of our State Society is to be regretted. There is no valid reason why the business should be hurried through with the haste which has hitherto been the case, allowing scarcely sufficient time to hear read even a short abstract of the reports received from the County Societies, none for the discussion of any of the subjects or news embraced in them, whatever may be their importance by reason either of their novelty or from the bearing they have upon the nature and treatment of prevalent and wide-spread diseases. It is from delegates who might be supposed would be the most in favor of short sessions of the State Society, to enable them to return to their homes and practice, in remote parts of the State, with as little delay as possible, that we have heard the strongest expressions of regret that the sessions were not of longer continuance. We believe that, if the annual sessions were prolonged, the additional time thus gained could be improved greatly to the advantage of the delegates in attendance, and through them of the members of the Societies they respectively represent.

There could be no difficulty in rendering the sessions of the Society sufficiently attractive to command the attendance of the majority of the delegates who come on from even remote counties, for a period beyond that to which, of late years, they have been restricted. At every session questions of interest are suggested by some one, perhaps by several of the reports received, upon which a free discussion would be well adapted to throw additional light by bringing out an amount of personal experience which could, perhaps, in no other way be elicited. Questions, also, might be propounded for discussion bearing on the etiology, character, seat, phenomena, diagnosis, and treatment of any epidemic which had recently prevailed within the limits of the State, and from a visitation of which neighboring or even remote localities would be in danger —an epidemic that had, perchance, never appeared before, or only at some remote period, or in some distant and sparsely inhabited locality, the imperfect accounts furnished of it by those who had seen it being altogether unreliable, and in consequence the necessity occurring that the disease be studied now by the physicians who have already been or may hereafter be called upon to treat it, either at the bedside of the sick, or by a careful collation of the personal observations made by others who have had an opportunity of studying the disease, or what is still better adapted to lead to correct conclusions by both these means combined. Important facts will, by this mode of studying disease, be often elicited, the actual value of which may not at the time be suspected, but which, subsequently, will be found to constitute the key to the true character of some unfamiliar malady that suddenly presents itself after a long interval had elapsed since its previous appearance, and claims the attention of every physician, either by its wide-spread prevalence or the amount of mortality produced by it.

The question for discussion may relate to the therapeutical application and value of some one of the new remedies which are constantly augmenting the lists of our materia medica. As it is solely from an extended and careful observation of their effects when given to patients laboring under the diseases to which those remedies are supposed to be appropriate, that a knowledge of their true remedial powers and the particular circumstances under which these powers are exhibited, can be acquired, whatever,

therefore, has a tendency to elicit the experience of the largest number of physicians practicing in different sections of the State in the use of remedies with which the profession, generally, is but little familiar, is to be encouraged. It is, in fact, a most effectual means of augmenting our remedial resources, and of enabling us to direct our acquisitions, in this respect, for the greatest benefit of those placed under our medical care.

There is scarcely any plan better adapted to elicit the experience of the individual members of the profession, on all questions of interest in any of the branches of medicine, than that of promoting a free conversation between the delegates assembled at the annual sessions of the State Society. The information thus reciprocally imparted is, in the main, more positive and exact than is often the case with the cautiously sifted and, for the most part, one-sided statements furnished in the communications we meet with in our professional journals.

This Society has, it is very true, no power which it can directly exercise for lengthening the sessions of our State Medical Society, for directing the nature of the business to be brought before them, or for regulating the manner in which their business shall be conducted; but, there is very little fear that a recommendation in respect to either of these particulars, coming from the Medical Society of Philadelphia County, will not be favorably received. The influence of its very large delegation, if properly exerted, cannot fail to secure the inauguration of whatever measures it may decide to be necessary for the successful working of the State Society, and through it the most effectually to benefit the medical profession of our State, generally.

EDITORIAL DEPARTMENT.

Reviews and Book Notices.

The Medical Treatment of Angular Curvature of the Spine. By CHARLES FAYETTE TAYLOR.—Bailliere Brothers. 1863.

This essay was originally read before the New York Medical Society, and printed in the transactions of that Society, but is presented to the reader in separate form. The author states, without entering into the minute pathology of the disease, that like morbus coxarius this is a disease affecting strumous constitutions, often of traumatic origin but more frequently developed spontaneously, and like disease of the hip-joint begins primarily in the cartilage, then extending at a much later period to the bone. He believes that the caries very seldom indeed begins in the osseous structure, and when it does happen the case generally proves fatal, so that a disproportionately number of specimens pass from the hospital to the demonstrator's table. It remains true that the disease which constitutes "angular curvature of the spine" is originally confined to the intervertebral cartilage. When this substance becomes absorbed after many months, and the osseous tissue of the opposing vertebræ come in contact, absorption rapidly extends through them. As the waste therefore proceeds alone from the surfaces abnormally placed in contact, treatment must be based upon securing a substitute for the destroyed parts, and distributing the pressure equally along the remaining healthy portion of the column. In the great number of instruments intended to effect this object there is but one idea developed, and that is counter-extension from the hips to the shoulders. Now at the age when the disease s most liable to begin we can find no such base for support since the pelvis is not sufficiently developed, and as the arms are very movable in the upward direction, a force acting under them only raises the arms themselves. It will be seen that some new mode of extension must be secured and Dr. TAYLOR proposes to effect the object by means of a double lever with a common fulcrum at the curvature, the extremities of the lever being secured to the shoulders and hips. An instrument constructed upon this principle at the same time permitting many movements of the spinal and accessory muscles, is strongly recommended by the writer. For the reputed success attending its use we desire to see its claims investigated, with the hope that something more may be done for this troublesome affection which thus far has resisted all attempts at perfect relief.

A Manual on Extracting Teeth. Founded on the Anatomy of the parts involved in the operation; the kinds and proper construction of the instruments to be used; the accidents liable to occur from the operation, and the proper remedies to retrieve such accidents. By ABRAHAM ROBERTSON, D. D. S., M. D., Author of Prize Essay on Extracting Teeth, etc. Pp, 200. Philadelphia: Lindsay & Blakiston. 1863. Price $1.25.

The following extract from the remarks with which the author introduces his little book explains the object and purpose of his labor:

"What we now propose to do, is to describe and illustrate the instruments best adapted to the perfect accomplishment of the object under consideration—the entire removal of every tooth and root of a tooth that requires extraction, with the least exertion, with the least amount of force by the operator, with the least possible injury to the surrounding parts, and consequently with the least amount of present pain and after suffering to the patient; and the most appropriate methods of applying and using such instruments to effect such results.

But, before attempting to use or to apply any instruments for the extraction of the teeth, preliminary knowledge is indispensably requisite; to wit: a distinct and definite knowledge of the anatomy of the teeth, in at least so far as their external forms and articulations are concerned, and of the jaws,—their articulations and appendages. A knowledge too of the pathology of the teeth is no less necessary and indispensable rightly to qualify one to perform the duties of this branch of surgery.

A knowledge of anatomy can best be acquired in the dissecting room; and perfectly only there. The author would therefore most urgently recommend to every one who intends devoting himself to the alleviation of the pains of his fellow beings, by extracting their teeth, there, to seek this knowledge; for without it, sad mistakes and injuries are liable to be committed with the very best of instruments.

This knowledge is necessary, not only to enable one to know when and how to operate, and to guard against the occurrence of accidents and injuries, but if,—as is sometimes unavoidably the case in the hands of the most skillful,—an accident does happen, it is still more necessary to enable him to make the best possible amends. For a knowledge of the anatomy of the parts involved, is the foundation of all surgery, and the only thing that enables one knowingly, and therefore the most effectually, to repair such accidents."

The constant demand now being made on our Military Surgeons, both in field and hospital practice, in the direction of tooth extracting, is exciting an interest in the operation never before given it, and will render Dr. ROBERTSON'S Treatise particularly useful and acceptable. This interest is worthy and well, for if it is the office of the physician to relieve suffering,

it is certainly his duty, as it should be his inclination, to possess himself of all knowledge of whatever kind and from whatever source which will best conduce to the proposed end.

Dr. Robertson's work, is, so far as we know, the only one published treating exclusively of Tooth Extracting. It is written with considerable cleverness, and has the great merit of treating tersely its subject. Its perusal will, without doubt, be the means of giving the practitioner many useful hints, which the experience of the writer as a Dentist has necessarily suggested and developed. There are, however, some few features in the practice of the book which strike us as capable of being bettered, not the most unimportant of which are the suggestions in chapter 5th, concerning the lancing of gums preparatory to extraction. This little operation which the writer pronounces useless, should, to our way of thinking, never be omitted, except indeed in that class of cases where disease has anticipated, the knife and the gum is found fallen away of itself.

Any one who has ever looked at the periosteal relation existing between a tooth and its alveolus, will without doubt have remarked how much heavier and resisting are the fibres of this membrane just where gum, tooth and socket associate than at any other portion of the alveolar cone. This firm surface periosteum is the "Ligamentum Dentes" of the once famous but now almost forgotten Caldwell, and the deep passing of a firm and well adapted lancet dividing these fibres was the secret of the easy manner in which this man extracted teeth. A properly shaped lancet, can, with all respect to our author's experience, be made to pass a sufficient distance between the spongy substance, of which the alveolar process is composed, and the tooth to do this good office and should always be practiced by the careful operator. Objections might also be urged against certain forceps recommended. The pair, for instance, figured on page 115, for the extraction of the upper molar teeth might be well replaced with an instrument, termed by the dentist the "Maynard forceps." This last forceps is, anatomically speaking, as perfect an instrument for the purpose, as it seems to us ingenuity will ever devise. It differs from ordinary forceps in having the outside blade in the form of a curved cone the point or apex of this cone, thrusts itself, when the handles are closed, between the two buccal roots. The inner blade is of the common shape, and fits against the flat palatine fang. With such an accurately adapted forceps it would be a clumsy hand indeed that could not extract teeth without fracture or trouble.

A forceps figured on page 111, and termed the "podbit" forceps is an objectionable instrument, certainly an unsurgical one, making a most unnecessary operation of what should be a very simple affair. We would suggest in its place a forceps with the scissor edge. This last necessitates no dissection of the gum, removes no bone, makes a plain, simple, incised wound, and may be as safely used for an inch and quarter as for a quarter of an inch cut. This podbit forceps recommended by the author for removing roots of teeth would no doubt work well enough if it were never necessary to go more than from the eighth to a quarter of an inch below the free margin of the alveolar border to cut through and grasp the fang, yet even this from the necessity of cutting a triangular flap in the gum would be bad enough, but when it becomes necessary to pass much deeper, as is not unfrequently the case, the dog ears made by the flaps and the extensive surface to heal would give the patient a worse trouble than the ache which the operation is to cure. A cut, on the contrary made with a scissor edge, is of equally little consequence whether deep or superficial.

Dr. Maynard, referred to above, also devised a forceps which bears his name, for the removal of lower molar teeth. These teeth, as our readers are aware, have but two roots, the interspace looking laterally. The forcep alluded to consists of two pointed blades so designated that closure of the handles will force the points into the interspace this instrument performs its office so beautifully, that we have seen, not unfrequently, large teeth removed where no other force seemed to be employed than that of pressing the handles together. As this forcep lifts the tooth from its socket rather than pulls it out, it is the instrument that should always be used where there is much decay in the crown of a tooth.

These Maynard forceps we know all about, practically as well as theoretically, and we desire to be emphatic in recommending them to every one of our readers who designs furnishing himself with instruments in this direction. There are some other suggestions that might be made in just criticism on Dr. Robertson's practice, but a very little experience in the directions treated upon will quickly enough discover the errors to the surgeon. We recommend the book for the very much good it contains.

J. E. G.

Health of the Army.

The following extract comprises all that is said in the report of the Secretary of War to Congress, of the Medical Department of the Army:

By the report of the acting Surgeon-General, the department is informed that the latest reports received give one hundred and eighty-two general hospitals, with a capacity of 84,472 beds. The number of patients remaining in general hospitals June 30, 1863, was 9-1 per cent., and in the field 4-4 per cent. of the entire mean strength of the army, of whom 11 per cent. were sick, and 2-5 per cent. wounded. The corps of medical inspectors, by the system of inspections established, has added materially to the efficiency of the medical and hospital service, and a marked improvement in all matters of sanitary precaution and police is exhibited. Companies of the second battalion, invalid corps, have in many instances been advantageously substituted for contract nurses, attendants, and cooks in the general hospitals. Appropriations are asked for the payment of washing in those hospitals and on transports, where a sufficient number of matrons cannot be employed; for the collection and preservation of pathological specimens in the army medical museum; and for the preparation and examination of drugs, in connection with the purveying depots. The health of the troops has been good, and the mortality less than the preceding year.

Common Sense.

Abernethy used to like very well to talk with Spurzheim, the great phrenologist, who resided for some time in England. One day, Abernethy, half seriously, half humorously, said to Spurzheim: "Well, doctor, where do you place the organ of common sense?" Spurzheim's reply certainly sustained the coincidence of phrenological deductions with those of experience. "There is no organ," said he, "for common sense, but it depends on the equilibrium of the other organs."

A Medical Bankrupt.

A London physician has appeared before the Court of Bankruptcy. His debts were principally for borrowed money, and his two chief creditors are the Princess Labanoff, of Paris, to whom he owes £24,000, and the Princess Walhonski, of the same city, to whom he owes £16,000. It is wonderful how a man with his name could have been in such high credit with these rich dames.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, DECEMBER 19, 1863.

A NEW VOLUME—THE TIME TO SUBSCRIBE.

With the first issue in Jannary, 1864, will commence the *Eleventh Volume* of the MEDICAL AND SURGICAL REPORTER in its weekly form.

It will be an opportune time for new subscriptions to begin. We have offered to subscribers extraordinary inducements to add new names to our list. For every new subscriber with the money ($3), for a year in advance, we will either credit the subscriber sending the name *One Dollar* on account of his subscription, or send him one dollar's worth of Books or Surgical Instruments. See our book advertisement. A great many subscribers are already taking advantage of this offer. See "Answers to Correspondents."

We hope to be able to send out *a thousand dollars worth of Books and Surgical Instruments* before the first of February. An extension of our subscription list will benefit all our subscribers, and the profession at large, by giving us the ability to further improve the REPORTER.

For further particulars, see Prospectus on the cover in every alternate number.

HOW TO MAKE MEDICAL SOCIETIES USEFUL.

"Iron sharpeneth iron; so a man sharpeneth the countenance of his friend." Medical societies exert a beneficial influence on their members and the profession principally in two ways. First, by bringing medical men together, and getting them acquainted with each other. And there is no place where men can form acquaintances more easily or more pleasantly than around the festive board. We are therefore advocates of the time-honored custom of having members of our societies dine together on stated occasions. In our larger cities this feature of a medical society meeting might take the form, so common among our English friends, of a soiree, or social tea-drinking; and this kind of a re-union might take place semi-annually. County societies, which should meet quarterly, if possible, should always have a social meal together, and on these occasions the members should let their moderation be known to all men. The cup that inebriates, the great temptation to excess, should be utterly discarded. How many a pleasant acquaintance may be formed on these occasions, and how many a misunderstanding explained to the mutual satisfaction of parties who otherwise might have become permanently estranged.

But important as is this feature of medical organization, it is of minor consequence compared with the scientific advantage to the members and the community. To realize the full benefit of the scientific feature of medical societies, each member should contribute his share toward the common stock of knowledge. Each society should have a standing committee, and every member should report to that committee whatever of interest has transpired under his notice. The topography of his section of the country, the prevailing diseases, especially the epidemiology, and any special cases illustrating rare forms of disease or principles of practice. These reports should be properly digested by the committee, and presented to the society in the most profitable form, and points brought forward for discussion. Finally, the committee should combine the reports of the year, and report the result in as comprehensive a form as possible to the State Society, in whose annual volume of transactions it should be published. In this way each State would have a medical history of the year, which would be of incalculable advantage to the profession, and have an important bearing on the treatment of disease, as the result would inevitably be a more intelligent practice of the healing art on the part of the profession generally.

How many counties of this State are going to be represented in the State Medical Society next June? And how many counties in other States does the REPORTER go to which are destitute of medical societies? We trust that our numerous readers will recognise the importance of organizing and availing themselves of every means to advance their noble profession.

IRREGULAR PRACTITIONERS IN THE GOVERNMENT SERVICE.

While on the whole there has been but little to complain of under the circumstances, regarding the employment of irregular practitioners by the Government, instances have occurred and still exist, where they have occupied prominent positions in the government service. Generally the utter incompetence of this class of men is so glaring that if they enter the service under certain influences, they are very soon dismissed. Some months ago it was discovered that a homœopath had been placed in charge of one of the largest General Hospitals in the West, and it was found that he was experimenting with the patients under his charge by treating them homœopathically. He has recently published an article in a homœopathic journal, in which he claims marvelous success with his infinitesimals—so marvelous, indeed, that for very envy the powers that be removed him from his position and dismissed him the service!

There is now in course of publication in a cotemporary weekly medical journal, a report of cases occurring in another Western hospital, which is under the charge of a man who for many years has been an "eclectic" practitioner in Cincinnati, professor in one of the "eclectic" colleges there, and editor of a journal advocating the same principles.

We are informed that not long since a "Professor" in a hybrid concern in this city, where medical lectures are given to mixed audiences of men and women, had a position in one of the General Hospitals in the upper part of the city, and if we mistake not he is now in the service of the government in the field.

The executive officer of one of the largest Government hospitals in the country, and which is located in this city, we have been informed has never graduated in medicine, and is moreover of "eclectic" proclivities.

The examining surgeon for pensions for one of the Eastern Districts of Pennsylvania, is a homœopath.

It is probable that there are many other similar cases of which we know nothing. We simply state the above facts as is our bounden duty as a guardian of legitimate medicine, for the purpose of calling the attention of the proper authorities to them.

Notes and Comments.

Abuses in the Army Medical Department.

The *American Medical Times* says that these consist as far as appear in the newspapers, "of alleged purchases of Hospital Stores of particular individuals or firms, at a higher rate than was demanded in the general market. In this course the Surgeon-General deserves special commendation. He simply purchased pure drugs, and other articles of good quality, and paid accordingly for them. The instances are not few where Medical Purveyors have gone into the general market and purchased cheap drugs, but of the most impure kind. In patronizing houses, and paying well for the articles purchased, the Surgeon-General has set an example which other departments may follow to advantage."

Purchasers of all supplies for the army are bound by certain rules, which always involve the purity of the article purchased, and the contracts are ordered to be given to the lowest bidder. We sincerely trust that the worst charge that will be proved against Surgeon-General Hammond will be the purchase of pure drugs. That was his bounden duty, but if he paid thirty-three per cent. more for them than he could have purchased the same article for from other parties—that would account for the milk in the cocoanut.

Typhoid Fever.

This disease is very prevalent in all parts of the country, and particularly in our military camps and hospitals. An intelligent subscriber writes to know if we or any of our readers have any knowledge of a remedy which will as effectually "break up" true Typhoid and Typhus fevers as quinia will the Remittent fever. Our correspondent thinks that he has found such a remedy, with which he has broken up about thirty cases of various grades and in different stages. He is preparing an article detailing his mode of treatment, in which he thinks there is something original.

We do not know of any remedy that will act in these low grades of fever with the same certainty that quinia does in Intermittent and Remittent fevers. Indeed, the variety of remedies recommended and used show that the practice is not settled. In the South, very large doses of quinia are recommended, and the veratrum viride has been used with varied results. There is a certain condition in typhoid fever in which Dr. Wood, of

this city, has found the oil of turpentine a very efficient remedy, viz.: in the latter stages of the disease, when the tongue gives indications of cleaning off in flakes from the middle or back part of the surface, which is left smooth and glossy, as if deprived of its papilla. But the treatment of the disease is generally a tentative one, rather stimulating than otherwise. None is recommended to our knowledge that can be relied on to cut the disease short. Communications on the subject are solicited.

The Reporter to the Army.

The circulation of the REPORTER is rapidly increasing in the Army. Many of our subscribers in the army who do not wish to break their files are having their copies still sent to their former places of residence, and have not seen a copy of it for many months. They are under the impression that there is uncertainty about getting their numbers. This is an error. They may, to be sure, lose an occasional copy—which can be made up to them from the office—but they would get most if not all their numbers. Army subscribers should notify us of their Department Head-quarters, and have their numbers sent to that point with the proper corps and regimental address.

Correspondence.

FOREIGN.

LETTERS FROM Dr. W. N. COTE.

PARIS, *Nov.* 26, 1863.

Paris Hospitals—Internes and Externes.

I said in my last that the Hospital Physicians and Surgeons in Paris are assisted in their duties by *internes* and *externes*. The post of *internes* is of an analogous nature to that of house physician or surgeons in England and America; the *externes* are dressers, etc.; both are elected by *concours*—that is by public competition—the former hold office for two years, at the expiration of which period the same men are usually re-elected for two years more. They receive a small salary, and are lodged within the establishments to which they are attached. There are two divisions of *internes*, viz.: Those who have completed their first and second year, and those who have completed their third year. *Internes* are advanced like physicians and surgeons, by being transferred from inferior to superior hospitals. The trial for the *externats* consists of questions and answers, and a written composition; the office is held for three years. The number distributed through the hospitals amounts to nearly 200. In order to encourage as much as possible attendance on the clinique, it has lately been decided to consider two years passed in hospitals as equivalent to attendance for the same period of time on the courses delivered in the *Ecole de Médicine*. Every physician and surgeon is attended, in his rounds, by an *élève de pharmacie*, who notes down the remedies prescribed, and superintends their proper distribution. Cases of disease are minutely examined on admission—their progress is noted daily by *internes*, who likewise make the post-mortem examinations.

Spontaneous Generation.

At a sitting of the Academy of Sciences M. PASTEUR replied to the late communication of M. M. POUCHET, JOLY, and MUSSET, in which those gentlemen, as your readers may remember, described their experiments on spontaneous generation effected on the Pyrenees. He admits that they copied his own experiments, executed on Mont Blanc and the Jura, with scrupulous exactness, except in the manner in which they broke the necks of the glass balloons drawn out to a point; they used a file, and he used a pair of pliers previously heated, in order to burn any dust there might happen to be on their surface. In this way the air rushing into the balloons could only carry its own germs with it, if any. But he regrets that they should have limited their experiments to four balloons only at each place; he used twenty, only five of which gave organized productions, from which he rightly concluded that on high mountains certain limited quantities of air might be found incapable of producing any infusoria or vegetation in a putrescible liquid. Now, he contends, if he had only used four receivers he might have just hit upon the four out of those five which contained such productions, whereby he would have been led astray. I confess, I do not feel quite inclined to subscribe to this conclusion, since the number of combinations of twenty things taken 4 by 4 is 4,845, so that M. PASTEUR supposes a case against which the chances are as 4,845 to 1.

Palmidactylism.

Dr. BERIGNY publishes a curious instance of hereditary palmidactylism in a family in which the great great grandmother had the third and fourth toes of her right foot webbed together. She had seven children, four daughters and three sons, none of whom presented the same anomaly. One of these daughters, however, gave birth to a girl whose middle and third fingers of the right hand were webbed like her grandmother's toes—and one of her sisters had a boy and a girl having exactly the same peculiarity. One only of the brothers had a son, his eldest out of five, webbed like his cousins; here, therefore, the anomaly, which has failed to re-appear in the second generation appears again in the third; in the fourth generation the son, webbed as above described, gets two twin daughters, one of whom has her toes webbed like those of her maternal ancestor, and a boy whose right hand is like his father's. Thus we see palmidactylism descending to the fourth generation always on the right foot or hand, and always on the same toes or corresponding fingers.

The Curability of Consumption.

At the Medico-Surgical Congress, recently held at Rouen, Dr. Desnos read a paper on the curability of consumption, in which he gave a rapid sketch of the different forms of the disease, attaching much importance to Dr. See's observations regarding the efficacy of the waters of Nauheim in the resolution of lymphatic ganglions. He concluded with the remark, that if acute or galloping phthisis is capable of cure, granulous phthisis must be considered mortal.

Injecting Nitrate of Silver into the Respiratory Organs.

At the same meeting, Dr. Gourdin gave an account of his practice of injecting nitrate of silver into the respiratory organs, in cases of consumption in which the patient is exhausted by excessive expectoration. In one of these cases an India-rubber probe was introduced into the wind-pipe, to a depth of twelve centimètres [about four and a half inches], and, by the aid of a glass syringe, fifteen grammes of a solution of nitrate of silver, in the proportion of two of nitrate and ninety-eight of water, were introduced. Fifteen grammes are equal to about three drachms. About twelve grammes penetrated into the respiratory organs; the consequence was a violent fit of coughing, with a feeling of suffocation; but this fit only lasted two minutes, and half an hour later the patient only complained of a slight sensation of heat about the bifurcation of the bronchiæ. All those who witnessed the operation were astonished at the slight degree of inconvenience it had occasioned. From that time the expectoration diminished considerably; the injection was repeated nine days later, and a further diminution of expectoration was perceived. Hence, it appears that the introduction of nitrate of silver into the respiratory organs is attended with no danger, and may be very beneficial.

Another member, Dr. Bourgeois, described the good effects of breathing sulphurous waters in a *pulverized* state, as it is called; that is, reduced by mechanical means to a sort of steam, or state of extreme division resembling it.

Epidemic Typhus.

Dr. Levasseur read an account of an epidemic typhus fever, which attacked ten persons out of a family of seventeen. All of them were cured by the administration of aconite during the first twelve days, and of bark and broth during the following nine days, when the disorder was on its decline. Dr. Fauconnet, Chief Physician to the Cantonnal Hospital of Geneva, recommends, in the treatment of typhoid fever, phosphoric acid, alternating it with magnesia. The acid is administered according to the following formula:

℞. Acidum phosphoricum glac., 3i.
Aqua destillat., f℥vi. M.
Sig. A large spoonful every hour.

W. N. Côte.

Army and Navy News.

Orders.

The following Orders have recently been issued by the War Department:

Assistant Surgeon Joseph H. Bailey, U. S. Army, retired, now on special duty with the Governor of New York, will at once repair to Washington, D. C., for the purpose of settling his accounts. On the completion of this Order he will resume his duties.

The telegraphic Order of the 5th inst., from the Surgeon-General's Office, (by order of the Secretary of War,) directing the Medical Director at Philadelphia, Pa., to relieve Surgeon Edward Shippen, U. S. Vols. from duty at South Street Hospital, and ordering him to report to Assistant Surgeon General Wood, at Louisville, Ky., for duty in the field, is hereby confirmed.

Ordered to Report.

Lieutenant Colonel C. C. Keeney, U. S. Army, Medical Inspector, will report in person to the Commanding General Department of the Pacific, for duty as Medical Inspector of that Department.

Assistant Surgeon William M. Notson, U. S. Army, now on sick leave, is hereby relieved from duty with the Army of the Potomac, and will report in person without delay to the Surgeon-General of the U. S. Army, for orders.

Assistant Surgeon C. O. Wright, 35th Ohio Volunteers, and Acting Assistant Surgeon W. S. Hosack, 78th Pennsylvania Volunteers, recently released as prisoners of war from Richmond, will join their regiments. Permission to delay reporting for twenty days is hereby granted them.

Surgeon Daniel Meeker, U. S. Vols., recently released as prisoner of war from Richmond, will report in person to Assistant Surgeon General Wood, at Louisville, Ky., for assignment to duty. Permission to delay reporting for twenty days is hereby granted him, (December 8, 1863).

Surgeon Charles E. Swasey, U. S. Vols., now on duty as attending surgeon to sick and wounded officers at Frederick, Md. will report in person without delay for duty, to the Commanding General of the Department of the Missouri, and by letter to Assistant Surgeon General R. C. Wood, U. S. Army, at Louisville, Ky.

Surgeon Frederick Lloyd, U. S. Vols., to duty in charge of Jefferson Hospital, Memphis, Tenn.

Assistant Surgeon J. C. Norton, U. S. Vols., to duty connected with the transportation of sick and wounded men from Kelly's Ferry, Tenn., to Bridgeport, Alabama.

Assistant Surgeon A. B. Chapin, U. S. Vols., to duty as Executive Officer, General Hospital, Annapolis Junction, Md.

On Duty.

Assistant Surgeon Charles H. Hood, U. S. Vols., is on duty in charge of contrabands in hospitals and camps at Murfreesboro, Tenn.

Assistant Surgeon J. W. Leete, U. S. Vols., and Acting Assistant Surgeon H. M. Drach, have accompanied the 3d Maryland Cavalry to New Orleans, La.

Surgeon Henry S. Hewit, U. S. Vols., is on surgical duty in the hospitals at Chattanooga, Tenn.

Assigned to Duty.

Surgeon S. B. Davis, U. S. Vols., has been relieved from General Hospital, Leavenworth City, Kansas, and assigned to duty as Medical Director, S. W. Missouri, at Springfield, Mo.

Surgeon John G. F. Holston, U. S. Vols., has been assigned to duty as Medical Inspector of hospitals at Memphis, Tenn.

Surgeon E. McDonnell, U. S. Vols., has been assigned to duty as Surgeon-in-Chief, District of Baton Rouge, La.

Leave of Absence.

Leave of absence for twenty days on Surgeon's Certificate of Disability, is hereby granted to Surgeon Enoch Pearce, U. S. Vols.

The leave of absence granted Surgeon James T. Reeve, 21st Wisconsin Volunteers, in Special Orders No. 528, November 28, 1863, from the War Department, is hereby extended ten days.

Assistant Surgeon W. H. Park, 49th Ohio Volunteers, is hereby granted an extension of ten days to the time heretofore allowed him by Special Orders No. 528, November 28, 1863, from the War Department.

Assistant Surgeon F. H. Patton, 12th Virginia Volunteers, is hereby granted an extension of ten days to the time heretofore allowed by Special Orders No. 528, November 28, 1863, from the War Department.

The telegraphic Order from the War Department, dated December 4th, 1863, granting Surgeon J. Simpson, Medical Director at Baltimore, Md., permission to visit Washington, is hereby confirmed.

Leave of absence until further orders is hereby granted Surgeon John H. Bayne, U. S. Vols.

Leave of absence for ten days has been granted to Surgeon W. O. Baldwin, 2d D. C. Vols.

Discharged.

Medical Cadet Joseph R. Draper, U. S. Army, is hereby honorably discharged the service of the United States, to accept appointment as Assistant Surgeon 14th regiment Rhode Island Heavy Artillery, (colored.)

By direction of the President of the United States, the following named Medical Officers are hereby discharged the service for incompetency:

Assistant Surgeon William Wescott, 17th Maine Volunteers.

Assistant Surgeon W. H. Jewett, 3d Maine Vols.

Upon the recommendation of a Board of Officers convened by Special Orders No. 294, July 3, 1863, from this Office, the following officer is hereby honorably discharged from the service of the United States, on account of physical disability:

Surgeon Jonathan R. Shreve, 90th Pennsylvania Volunteers.

Hospital Steward B. F. Bigelow, U. S, Army, is hereby honorably discharged the service of the United States, to accept a position in the U. S. Navy.

Entitled to Bounty.

The Secretary of War has decided, on the recommendation of Colonel E. D. Townsend, approved by Major General Halleck, that Hospital Stewards are entitled to the same bounty ($402) as other recruits for the Regular Army.

Dismissed.

By direction of the President, the following named officers are hereby dismissed the service of the United States:

Surgeon J. E. Quidor, U. S. Vols., for conduct unbecoming an officer and a gentleman, to date Nov. 30, 1863.

So much of General Orders No. 38, Oct. 30, 1863, from Headquarters, Department of the Pacific, as dismissed Ass't Surgeon Robert Parker, 4th California Vols., for violation of the 9th, 45th, and 83d Articles of War, and conduct prejudicial to good order and military discipline, is hereby confirmed by the President of the United States.

Naval Medical Board.

A board to examine candidates for promotion and admission into the Medical Department of the Navy is now in session in this city. It contists of Surgeons JAMES M. GEERUL, J. M. FOLTZ, and A. A. HENDERSON.

Examining Surgeons for Volunteer Recruits.

Surgeon James Bryan, U. S. Vols., is hereby relieved from duty in the Army of the Tennessee, and will repair to New York City as Examining Surgeon for Volunteer Recruits at that place.

Surgeon James D. Strawbridge, U. S. Vols., is hereby relieved from duty in the Army of the Tennessee, and will at once enter upon the duties of Examining Surgeon of Volunteer Recruits at Philadelphia, Penn'a.

They will at once report by letter to the Provost-Marshal-General of the United States for instructions.

The General Hospitals in and around Washington.

Acting Surgeon-General Dr. J. K. BARNES has requested Surgeon R. O. ABBOTT, Medical Director of the Department of Washington, to make report upon the condition of the several general hospitals in and around Washington, particularly as to the policy of transferring Surgeons at hospitals to duty in the field, and placing Surgeons now on field duty in charge of the hospitals here, in order to give each Surgeon a knowledge of both hospital and field duty.

It is understood that Surgeon ABBOTT has reported that the surgeons in hospital in that city have, by practical experience, become thoroughly acquainted with their duties, as shown by the excellent condition of the present hospitals, everything being done that can be done to minister to the wants and comfort of the sick and wounded soldiers. To place surgeons in charge who have limited experience in hospital practice, Dr. ABBOTT believes would result injuriously. Besides, during the session of Congress, the members, and thousands of citizens from other States, will daily visit the hospitals, and it is desirable that the inmates and buildings should present the best appearance possible, and this can be done by making no change in the present arrangements. This report will doubtless be conclusive in the matter.

News and Miscellany.

General Hospital.

The new hospital at Presidio de San Francisco, California, has been announced as a General Hospital. Surgeon John O. Bronson, U. S. Vols., has been placed in charge.

A New Hospital in New York.

The late JAMES H. ROOSEVELT has devised his entire estate, nearly half a million dollars, "for the establishment, in the City of New York, of a hospital for the reception and relief of sick and diseased persons, and for its permanent endowment."

ANSWERS TO CORRESPONDENTS.

☞ *Correspondents will please notice our reiterated request to give their full address in their communications to us. Our correspondence is very extensive, and it is necessary for us always to know the Town, County and* STATE *from whence their letters are sent.*

Dr. D. G. W., D. C.—TRIPLER'S Hand-Book of Military Surgery, was mailed to you on the 15th inst.

Dr. W. J. B., Ohio—BARCLAY'S Medical Diagnosis, was mailed to you on the 15th inst.

Dr. J. F. J., Ohio.—SARGENT'S Minor Surgery, What to Observe at the Bedside, and WOOD'S Practice of Medicine, (2 vols.,) were mailed to you on the 15th inst.

Dr. F. W. V., Pa.—BARCLAY'S Medical Diagnosis, was mailed to you on the 15th inst.

Dr. B. H., Iowa.—WOOD'S Practice of Medicine, (2 vols.,) and WILLIAMS' Principles of Medicine, were mailed to you on the 15th inst.

Dr. J. L. P., Pa.—Your Visiting List was mailed to you on the 9th inst.

Dr. I. H. B., Ohio.—Flagg on Etherization, is out of print and cannot be obtained.

Dr. E. J. H., D. C.—The price of Liebrich's Ophthalmoscope, is $5.

Dr. E. S., N. J.—The dose of *Bromide of Ammonium*, is three to five grains. It would be safe to give that dose in a case of Pertussis, to a child five years old. (See current volume, pp. 348, 363.)

Dr. G. W. J., R. I.—It is not worth while to buy a U. S. Dispensatory until a new edition is issued, which ought to be soon.

Dr. W. O. B., Ohio—The price of the Plates to Wilson's Diseases of the Skin, is $4 50.

Dr. A. B. D., Pa.—The price of binding the Reporter is 75 cents per vol.

Dr. J. H. O'K., Ill.—The Electro-Galvano and Magneto Machines of Dr. Jerome Kidder, 545 Broadway, N. Y., are recommended to us as being the best made, and we refer you to him.

Dr. M. D., Ill—Wilson on the Skin and Hair, was mailed to you on the 17th inst.

Dr. H. W. B., N. Y.—Barclay's Medical Diagnosis was mailed to you on the 17th inst.

Dr. A. B., Jr., Va.—Neil and Smith's Compendium, and the Visiting List, were mailed to you on the 17th inst.

Dr. J. C. P., Conn.—Barclay's Medical Diagnosis, was mailed to you on the 17th inst.

Dr. A. G. G, —.—Tripler's Hand-Book of Military Surgery, and Bumstead on Venereal, which is the last and completest work on the subject, were mailed to you on the 17th inst.

Dr. W P. S., Ohio.—Barclay's Medical Diagnosis, and Headland's Action of Medicine, were mailed to you on the 17th inst.

Dr. C. C. H., Ohio.—The U. S. Pharmacopœia, and the Visiting List, were mailed to you on the 17th inst.

Drs. J. L. D., Pa.; L. B., N. Y.; J. H. G., N. Y.; A. G., Ohio; C. P. C., N. Y.; A. R. T., Pa.; T. McE., Ohio; B J. H., D. C.—Your Visiting Lists were mailed to you on the 17th inst.

Dr. T. G. C., N. J.—Both Flagg and Channing on Etherization, are out of print and cannot be obtained.

Dr. C. H., Ohio—Beck's Infant Therapeutics, is out of print, and cannot be obtained.

Dr. B. F. S., Pa., and others.—Your Hand-Books will undoubtedly be sent in a few days, as we are waiting for the publisher to fill our order.

MARRIED.

Alexander—Barret.—In St. Louis, December 4th, by Rev. Montgomery Schuyler, Charles T. Alexander, Surgeon, U. S. A., and Miss Julia, daughter of the late Richard F. Barret, M. D.

Bill.—Wallen.—At Saratoga Springs, N. Y., on the 25th of November, by the Rev. John Brandigea, Dr. J. H. Bill, U. S. A., and Elinore R., daughter of the late Edward Wallen, Esq., and niece of Major H. D. Wallen, U. S. A.

Carmalt—Johnson.—On Tuesday, December 8th, at Christ Church, Stratford, Conn., by Rev. George Dowdale Johnson, Rector of St. Paul's Church, Owego, New York Dr. William Henry Carmalt, of New York City, and Laura Woolsey Johnson, youngest daughter of William Samuel Johnson, of Stratford.

Casper—Fry.—On the 8th inst., in Philadelphia, by the Rev. J. Hyatt Smith, Thomas J Casper, M D., of Westchester, Pa., and Emma V., daughter of John Fry, Esq., of Philadelphia.

Gesner—Field.—On Thursday, December 10th, at Trinity Church, New York, by Rev. Morgan Dix, Rector, Brower Gesner, M. D., Surgeon 10th Regiment New York State Volunteers, and Frances A., youngest daughter of George Field, Esq.

Hitchcock—Hill.—At Newton Corner, Mass., 17th ult., Thomas B. Hitchcock, M D., and Miss Sarah S. Hill, all of Newton.

Smith—Welsh.—In this city, on Thursday evening, December 10th, by the Rev. Dr. Leeds, the Right Rev. Dr. Potter participating, Edward A. Smith, M. D., and Miss Rebecca M., Daughter of Samuel Welsh, Esq., all of Philadelphia.

Wesselhoeft—Pope.—At Dorchester, Mass., 18th ult., Conrad Wesselhœft, M D., and Miss Lily T., daughter of William Pope, all of Dorchester.

DIED.

Burrell.—November 25th, 1863, Mrs. Caroline, wife of Dr. David Burrell, of New Derry, Pa., aged 30 years.

Gibbs.—In New York, on Tuesday, December 1st, Ruth, wife of Dr. Desmond B. Gibbs, aged 61 years.

Maxwell.—In Johnstown, Fulton Co., N. Y., on Wednesday, December 9th, Samuel Maxwell, M D., aged 80 years.

Roberts.—In this City, on Tuesday morning, December 8th, Dr Charles B Roberts.

Turner.—In Brooklyn, on Tuesday, December 8th, Clara Sophia, youngest daughter of Dr. Joseph M. and Sophia B. Turner, aged four years and six months.

METEOROLOGY.

December	7,	8,	9,	10,	11,	12,	13.
Wind	N.	N.	N. W.	N. W.	N.	S.	S.
Weather	Clear.	Clear.	Clear.	Clear.	Clear.	Cl'dy, Rain, Snow, Sleet.	Cl'dy, Rain.
Depth Rain							5-10
Thermometer							
Minimum	18°	18°	25°	14°	16°	17°	32°
At 8 A. M.	19	27	33	21	17	35	55
At 12 M.	29	37	45	25	23	43	58
At 3 P. M.	32	40	47	28	26	44	60
Mean	24.5	30.5	37.5	22	20.5	34.7	51.2
Barometer.							
At 12 M.	30.8	30.4	30.1	30.4	30.5	30.2	29.7

Germantown, Pa. B. J. Leedom.

VITAL STATISTICS.	Philadelphia. Week ending December 12.	New York. Week ending December 14.	Baltimore. Week ending December 14.	Boston. Week ending December 12.	Providence. Month of November.
Popl'n, (estimated.)	580,000	950,000	240,000	180,000	52,000
Mortality.					
Male	119	202	52	41	47
Female	148	205	44	58	39
Adults	149	177	45	47	56
Under 15 years	108	...	50	48	24
Under 2 years	63	...	24	40*	11
Total	267	407	96	99	86
Deaths in 100,000	46.03	...	40.00	55.00	18.72
American	191	...	...	64	47
Foreign	58	42.84	...	35	39
Negro	19	...	19	3	4
Zymotic Diseases.					
Cholera, Asiatic	...	...	...	...	...
Cholera Infantum	2	...	...	...	...
Cholera Morbus	...	...	...	...	...
Croup	17	34	5	10	3
Diarrhœa	4	7	...	...	1
Diphtheria	8	22	2	3	5
Dysentery	1	1	...	1	2
Erysipelas	...	...	1	1	...
Fever, Intermittent	...	...	...	...	...
Fever, Remittent	...	...	...	...	...
Fever, Scarlet	2	27	7	3	...
Fever, Typhoid	16	11	2	4	7
Fever, Typhus	...	11	...	...	...
Fever, Yellow	...	...	...	...	...
Hooping-cough	1	...	2	...	...
Influenza	...	...	...	...	1
Measles	...	...	...	...	...
Small Pox	1	...	15	...	...
Syphilis	...	...	...	1	...
Thrush	...	...	...	...	...
Sporadic Diseases					
Albuminuria	...	...	...	...	...
Apoplexy	2	5	...	2	...
Consumption	44	58	18	14	21
Convulsions	3	29	...	4	1
Dropsy	3	19	2	5	...
Gun-shot Wounds	1	...	1	...	...
Intemperance	1	...	1	1	...
Marasmus	7	20	1	3	2
Pleurisy	...	...	2	...	...
Pneumonia	21	29	2	8	6
Puerperal Fever	...	...	...	...	...
Scrofula	1	...	...	1	...
Violence and Acc'ts	7	...	3	3	6

* Under 5 years.

TO CORRESPONDENTS.

For the information of those who are not authors, we will state that MANUSCRIPT INTENDED FOR PUBLICATION MUST BE WRITTEN ON BUT ONE SIDE of the sheet. If greater care was taken in the preparation of copy, much trouble would be saved to printers, and mistakes would rarely or never be made.

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THE

MEDICAL AND SURGICAL REPORTER.

No. 371.] PHILADELPHIA, DECEMBER 26, 1863. [Vol. X.—No. 35.

Original Department.

Hospital Reports.

Jefferson Medical College,
November —, 1863.

Surgical Clinic of Prof. S. D. Gross, M. D.

Reported by *Dr. J. Gordon Maxwell.*

Dislocations.

A dislocation is the sudden and forcible removal of one articular surface from another, generally caused by external violence, and attended with more or less laceration of the connecting ligaments. The accident being of frequent occurrence, and liable, when neglected or injudiciously managed, to be followed by permanent deformity, should claim the serious attention of every practitioner, since his reputation will greatly depend upon the manner in which he acquits himself when he is required to take charge of such an injury.

Axillary Dislocation of seven weeks' standing.—M. H., 70 years of age. The dislocation was the result of a fall on board a steamboat, and was not reduced sooner on account of the age and timidity of the patient. The diagnostic signs of this variety of dislocation were well marked; the head of the humerus rested in the axilla, just beneath the glenoid cavity; there was great prominence of the acromion process, flattening of the shoulder, and the elbow projected considerably from the side of the body. One feature, however, was wanting: the inability of the patient to place the hand of the affected shoulder upon the opposite one. The freedom with which this was done was accounted for by the Professor, by supposing that the length of time that had elapsed since the occurrence of the accident had been sufficient to allow lymph to be poured out, which, becoming partially organized, had made, as it were, a false joint. The patient being rendered insensible by chloroform, restoration was effected by placing the heel in the axilla and extending the limb in a line parallel with the body, causing the foot to act as a fulcrum, when the head of the humerus slipped back into its cavity with a distinct snap. Future dislocation was prevented by appropriate bandages, a precaution rendered very necessary in these cases of long standing. Passive motion was ordered to be instituted in due time, to prevent anchylosis and restore the functions of the articulation; and, if swelling should arise, a solution of acetate of lead and opium was ordered to be applied to the parts, and, after the subsidence of this, sorbefacients to promote the absorption of effused fluids.

Dislocation on the Dorsum of the Ilium, of twenty-seven days' standing.—Dislocations of the ilio-femoral joint are far less frequent than those of the shoulder, a circumstance which evidently depends more upon the peculiarity of structure of these articulations than upon any difference of their motions. The acetabulum is of immense depth, and, therefore, furnishes ready accommodation to the head of the femur. The glenoid cavity of the scapula, on the other hand, is very shallow, and yields very inadequate support to the head of the humerus. A great difference also exists in the strength of the ligaments, those of the shoulder being comparatively weak, while those of the hip are the most powerful of the body. Lastly, the hip-joint is covered and protected by large and powerful muscles, which are more capable of resisting the effects of dislocating agents than those of the shoulder.

The present case was that of a lad, 14 years of age, who was brought to the clinic by Dr. Saulsbury, of Delaware, with a dislocation of the femur on the dorsum of the ilium, of twenty-seven days' standing, caused by the boy falling between the body and the wheel of a cart. Reduction had been attempted at the time of the accident, but without success; further attempts were also made at a somewhat later date, but with no better result, and the patient was brought to the college in the hope that something might yet be done in order to restore the limb. When brought before the class, the appearance of the luxated parts was as follows: Unusual prominence of the great trochanter, which was thrown an inch and a quarter nearer the spinous processes; great flattening of the hip, and unusual width of the nates; the knee thrown in advance of the sound side; the toe carried inward, and the heel raised two and a half inches from the ground; the capsular and inter-articular ligaments were torn, and the bone was thrown upward and backward, resting in the fossa of the ilium, on the gluteus minimus muscle; the whole being diagnostic of this variety of dislocation.

The operation for reduction consisted in taking hold of the ankle with one hand and the knee with the other, then flexing the leg upon the thigh, and this upon the pelvis, and at the same time carrying the knee over to the sound side of the body, then bringing it back to the affected side, and gradually extending the limb. The reduction took place, as in the former case, with a distinct snap. Anti-phlogistic treatment was ordered, and the limb was secured to the sound side by a suitable bandage.

Dislocation of the sternal end of the Clavicle, of seven weeks' standing.—This variety of dislocation is extremely rare. The bone, from its exposed position and the strength and shortness of the ligaments, fractures in the ratio of ten to one dislocation.

The present case is that of R. W., 27 years of age, who received a blow upon the shoulder which was transmitted to the clavicle, spending its strength on the sterno-clavicular articulation. On examination, a hard, circumscribed, incompressible tumor was discovered, resting upon the cartilage of the first rib, and a vacuity at the natural seat of the joint. The Professor remarked, that reduction of this luxation is generally easily effected, but, unfortunately, it is retained with so much difficulty that hardly an

instance recovers without some degree of deformity, despite the best directed efforts of the surgeon. The articular cavity of the sternum is so shallow, and the ligaments unite with so much difficulty, that it is almost impossible to keep the parts in apposition sufficiently well or long to obtain complete consolidation. In addition to the above considerations, the sternal end of the clavicle, in the present case, was firmly wedged in its new position; and, as it does not materially affect the movements of the shoulder, Professor Gross considered that interference would only cause trouble and be of no permanent benefit; in short, that it was a matter simply of deformity, not of inability.

University of Maryland,
Nov. 7th, 1863.

Surgical Clinic of Prof. Nathan R. Smith.

Reported by *Dr. J. W. P. Bates.*

Coxalgia.

Girl, æt 5 years. This might with propriety be called white swelling of the hip-joint. The ends of the bones are tipped with cartilage, and as they have no blood vessels, are nourished by imbibition, and consequently their nutrition is carried on with difficulty, and in strumous subjects they are liable to disease. They become brittle, less elastic, abraided, and in some parts worn off and the end of the bone left naked; more frequently ulceration takes place without suppuration. When the ends of the bones are exposed suppuration takes place, and pus is poured out into the cavity of the joint, and finally makes its way externally. This disease occurs in patients of strumous habits.

The symptoms are halt in walking; pain aggravated when the limb is moved; the hip looks broader on the diseased side, which is not so much dependent upon swelling in the joint as flattening of the muscles, the limb always appears longer than the healthy one, the toe is turned out as in dislocation into the thyroid foramen; the lengthening is due to inclination of the pelvis, and is done involuntarily and relieves pain somewhat. In this case the right limb is affected; the hip is flattened and you notice the limb is apparently half an inch longer than the left; the child resists any motion of the leg. There is here disease of the vertebræ. In the first stage no doubt this case was taken for rheumatism, as it very often is. As this case is seen early it ought to be relieved; the indications are to rest the joint and try to counteract the strumous diathesis which is the cause of the disease.

Tumors.

Sebaceous tumor.—Boy, æt 13 years. Has a small tumor on the outer canthus of the left eye; born with it this is an encysted tumor and is often met with. The duct of a sebaceous follicle becomes obstructed and matter slowly accumulates and the follicle expands. There is rarely any difficulty of removal; you must be careful to remove every shred of the cyst or the disease will return, or there will be a fistulous opening. I grasp it firmly with a pair of forceps and split the integument and discharge the contents, and then peel out the cyst by means of the forceps. Another mode practised by some surgeons is to cut the integument and remove the cyst without discharging its contents, but it is not the best mode, for you cut into it before you are aware of it, and the parts become confused and you do not get all the sac out.

The contents of this one are a lardaceous matter and several of the eyelashes that have been in it since birth. We dress the wound with adhesive plaster; sometimes it suppurates and the patient gets excessively alarmed, but it is an affair of no consequence.

Adipose tumor—Man, æt 28 years. Large tumor over the right scapula nearly the size of a child's head. We make a free incision down the middle of the mass and dissect off the integument and then divide the connections at its base; it is an adipose tumor; it was intimately connected with a tendon of the erector spinæ, a part of which it was necessary to remove, and its firmness was dependent upon being situated under the trapezius muscle which I divided; this operation was very much facilitated by making a free incision, so as to give plenty of room. The too timid surgeon embarrasses himself by making his first incision too small. We will introduce a strip of linen to carry off the blood, and close the wound by adhesive strips; apply a cerate cloth and support the parts by means of a thick compress and a bandage passing around the chest.

Medical Clinic of Prof. Chew.

Hæmatemesis.

Man, æt 24 years; native of Russia; glazier; was attacked yesterday with vomiting of blood; had no premonitory symptoms, for in the morning he was well as usual; lost considerable blood and felt weak, was brought here and has had no vomiting of any account since. The causes of this disease are very often obscure, as it sometimes comes on without any warning. In general it is not a disease of very great danger, but there is more prostration than in other hemorrhages. The circulatory system sinks sooner under effusion of blood into the stomach and from gastric vessels than elsewhere; the blood may come from the fauces or from the surface of the stomach. The blood vomited is almost always dark. The old writers ascribed this to splenic disease, but now we have more correct ideas of its pathology. The treatment is uncertain; some recommend tinct. ferri chlor., but I think it is too stimulating. The patient should be kept in the recumbent posture and live on light diet.

℞. Plumbi acet., gr. iij.
Pulv. opii, gr. ¼. M.
Ft. chart. j.
Sig. Take one powder every four hours.

Nov. 21.—The medicine had no effect on him, and the hemorrhage probably continued although he vomited none up. It is impossible to tell the cause of the loss of blood in this case. He died yesterday.

Paralysis.

Man, æt 60 years. This man has been suffering from chronic ulcers for some time; the discharge from them was profuse but laterally it has been checked since which time he has complained of severe pain in the head. The pain is most severe on the right side, and he is unable to use the left arm. This is the usual result, disease of one side of the brain producing paralysis of the opposite of the body, which is on account of the decussation of the fibres of the nerves in the spinal marrow. This patient has more power over the left leg than the right one, which forms one of a class not very frequently met with, called cross paralysis. This case is under surgical treatment and I show him to you merely as an object of interest.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, DECEMBER 26, 1863.

A NEW VOLUME—THE TIME TO SUBSCRIBE.

With the first issue in Jannary, 1864, will commence the *Eleventh Volume* of the MEDICAL AND SURGICAL REPORTER in its weekly form.

It will be an opportune time for new subscriptions to begin. We have offered to subscribers extraordinary inducements to add new names to our list. For every new subscriber with the money ($3), for a year in advance, we will either credit the subscriber sending the name *One Dollar* on account of his subscription, or send him one dollar's worth of Books or Surgical Instruments. See our book advertisement. A great many subscribers are already taking advantage of this offer. See "Answers to Correspondents."

We hope to be able to send out *a thousand dollars worth of Books and Surgical Instruments* before the first of February. An extension of our subscription list will benefit all our subscribers, and the profession at large, by giving us the ability to further improve the REPORTER.

For further particulars, see Prospectus on the cover in every alternate number.

CLOSE OF VOLUME TENTH.

This number closes the tenth volume of the MEDICAL AND SURGICAL REPORTER in its weekly form. The volume began in May last, and contains thirty-five numbers. The month of April was omitted. This was done that the volumes hereafter might begin in January and July instead of in October and April, as heretofore.

An examination of the index accompanying this number will show the extent and variety of matter that has passed under review in our pages during the past eight months. A great deal of labor has been expended, and a heavy expense incurred to render the REPORTER useful to the profession and creditable as a scientific journal. Still, though viewing the result with some degree of complacency, the editor has come very far short of fulfilling his own desires in these respects. Much remains to be done, which, by the favor of Providence he intends to do to make the REPORTER fulfil as perfectly as may be its high mission.

The past two years have been the critical years in the history of the REPORTER. There were times during those years when it seemed as if we would have to succumb under the burdens laid upon us by the increased cost of paper, printing, and in every department of labor. We are now paying nearly as much again for paper as it formerly cost, and the other expenses of publicction have increased upon us full thirty-three per cent. Superadded to this, we have been compelled to face a heartless and cruel delinquency of a trusted agent to a cash amount of over a thousand dollars.

By very great exertions, however, and the persistent and most encouraging patronage of the profession, we have been enabled, by reducing the size of the REPORTER temporarily a few pages, to meet all these extra expenses, and to surmount all our difficulties.

The eleventh volume will begin next week under very favorable auspices, and with a fair prospect that the weekly issues will be prompt, and with a promise of increased literary excellence and capability of being useful to the profession.

We close this statement by presenting the compliments of the season to our many thousand readers.

DISINFECTANTS.

The popular idea of a disinfectant is simply to replace one bad smell by another, not quite as unpleasant. Every nurse knows that burnt sugar or coffee will mask the unpleasant odors of the sick room, and the art of the apothecary has given us pastilles and other compounds which are simply intended to fulfil the indication named still more agreeably. But the scientific man desires to accomplish more than this. He aims to *neutralize* the unhealthy and deleterious components of the gaseous compounds that fill the atmosphere to the partial exclusion of the invigorating and life-giving oxygen and nitrogen provided by nature. The fumes of the substances named above do not ac-

complish this. If anything, they are worse than useless, as they add their volume to that of the gases whose odor they are intended to mask, to adulterate the purity of the atmosphere. What we want is pure air, and to *neutralize* the unhealthy gases that give out the bad smell. Hitherto chloride of lime has come the nearest of any substance in ordinary use to accomplishing this. But a new compound is offered to the public, which from its history and composition is likely to meet the very great want of a true disinfectant in the sick room and almost every department of a well ordered household. We refer to a substance called the Ridgewood Disinfecting Powder, which takes its name from the "Ridgewood Chemical Works," at Haarlem, New York.

From a report made to the New York Academy of Medicine, on this new deodorizer and disinfectant, by Dr. John H. Griscom, on behalf of the "Section on Public Health and Legal Medicine," to which the subject had been referred, we make the following extracts, which show it to be a highly valuable addition to our means of arresting offensive decomposition and preserving a pure atmosphere.

"The article called the '*Ridgewood Disinfecting Powder*,' presented by a sample to the Academy of Medicine in July last, has been submitted to several experimental tests, which, together with evidences of its value obtained from other sources, especially some of the U. S. military hospitals, will satisfy the Academy not only that it is a valuable addition to the class of substances denominated disinfectant and deodorizers, but that it also possesses decided antiseptic powers.

The composition of the powder, as given by Mr. Napier, the Chemist and President of the Company manufacturing it, is as follows:

Carbolic acid, . . .	5 to 8 per cent.
Sesquichloride of iron, . .	2 "
Lime, from magnesian limestone,	5 "
Silicate of alumina (in the form of Fuller's earth), . .	75 to 80 "
Prepared chorcoal, or ground pumice stone, . . .	10 to 12 "
Sulphate of potash or soda . .	a trace.

It will be observed that here is a mixture of six different substances, having no reaction upon each other, but possessing each some power of reaction upon some one or more of the products of putrefactive decomposition.

The first named ingredient, carbolic acid, may be regarded as an impure creasote, and possesses the deodorizing and antiseptic properties of that substance, even, it is said, in a greater degree. It belongs to the class of chemicals known as hydrocarbons, a class varying in the proportion of their elemental constituents, and having affinities varying with these proportions.

The second component of the Ridgewood powder, sesquichloride of iron, acts particularly as a deodorizer upon excrementitious matters, and others whose decomposition yields ammonia and its compounds, which are among the most abundant and offensive products in many instances. Like other compounds of chlorine, it *breaks up* ammoniacal gas; but unlike chloride of lime, it evolves no odor of its own. In this powder it is used also for the purpose of neutralizing the effect of the quicklime employed in taking up the carbolic acid. This lime would otherwise promote ammoniacal exhalations.

When the powder is desired for strictly medicinal purposes, the lime and the salt of iron should be omitted from its composition.

The Potter's Clay or Fuller's Earth, which forms the 'body' of the powder, is also a good deodorizer. It has the property in nature of retaining ammonia in the soil, to be given to the plant, as may be required. Its absorbent properties cause it to retain both moisture and gases, to which its deodorizing powers are no doubt due.

The small quantity of charcoal is added as an aider in the absorbent process.

The modicum of lime is present for the purpose of drying the carbolic acid, allowing the latter to assume a pulverulent form, without impairing its chemical properties. The sulphate of soda and potash are merely adventitious ingredients. If they have an acid reaction, they are useful in case of the generation of large quantities of ammonia, but not particularly otherwise, and they are not depended upon to much extent.

To test the value of the Ridgewood Powder, the following experiments were performed:

First—An earthen jar containing about a gallon of water, in which a number of bones, taken from the body of a monkey, had been left to macerate for a few weeks, about the time when this powder was presented to the Academy, gave forth an intolerably offensive odor. A good handful of the powder was thrown into the jar, and in less than five minutes the offensive odor had entirely disappeared. The jar was then left standing for nearly three months (having been forgotten, as it gave no offence) during the excessive heat of the summer, when, for the purpose of this report, it was examined. On being emptied of its contents, the bones were found in perfect preservation, en-

tirely denuded of all fleshy matter, and together with the water in which they continued to be immersed, were entirely free from odor.

Second—A quantity of blood from a slaughter-house was left exposed to the heat of an August air for several days, until it had become putrescent and exceedingly offensive. The admixture of a small proportionate quantity of the Ridgewood Powder, in a few minutes, arrested the odor of the blood so that it gave no offence upon a close examination.

Third—On the 31st of July the carcases of two dogs, of about the same weight, and both having died the same day, were used to test both the *deodorizing* and *antiseptic* properties of the powder. The first was laid upon the ground, exposed to the action of the air. The other was placed in a box open to the air, in the same situation, except that it was rather less protected by the shade of a house, and enveloped in a layer of the powder, which completely covered it to the depth of two or three inches. On the fifth day, the thermometer all the intervening time ranging above 100°, the bodies were examined. The first presented a small heap of skin, bones and grease, and gave off an intolerably fetid odor. What was left of the carcase appeared spread out over a large surface, as if the hide had burst from expansion with the gases generated by internal decomposition. The disgusting odor rendering the vicinity unendurable, and preventing further investigation, two or three pounds of the powder were thrown upon the offensive mass, and it is not too strong an expression to say that the subsidence of the effluvium was *immediate* and *total*.

The body of the second dog being then lifted from its bed of powder, was found to be in an excellent state of preservation—it gave no perceptible odor, and the only change apparent was some enlargement of the trunk, doubtless from the evolution of intestinal gases, the sources of which were, of course, beyond the influence of the powder. The carcase was replaced in its powdery bed, and about a fortnight afterward was re-examined, and found to be slightly decomposed, as was evinced by the partial denudation of the skin, of its hair, and a slight putrescent odor—the excessive heat of the weather having continued all the intermediate time, and nothing having been done to prevent the internal evolution of gases.

Fourth—To test the effect of the powder, when applied to the *internal* as well as external surface of the body, the carcase of a small animal was eviscerated, and the cavity filled with it, the body at the same time being enveloped in it. After about a month's exposure to the torrid air it was found to be simply a dessicated body, its weight considerably diminished from the evaporation of its fluids, but otherwise a nearly odorless mass of animal tissues.

Fifth—A report on the Ridgewood Powder, made to Dr. ABBOTT, Medical Director of the City of Washington, by W. H. BUTLER, M. D., Acting Assistant Surgeon U. S. A., in charge of Armory Square Hospital—gives evidence of its value as a disinfectant when applied to the *human* body. In his report, Dr. Butler states—'*the balance of the box was sent to the dead house and used up. The Superintendent reports that on sprinkling a moderate quantity on badly decomposed bodies, the offensive effluvia disappeared, and he gives it as his opinion, that it is the best disinfecting agent we have used.*'

Sixth—Dr. THOS. ANTISELL, Surgeon in charge of the Harewood Hospital, in a report to Medical Director ABBOTT, also states in reference to its use in water closets, 'A marked diminution of offensive odor,'—diminished ammoniacal odor from stale urine,'—and 'sprinkled on the floor of the post-mortem room, it kept down the odor to some extent, not wholly.'' We feel justified in observing that had it, in the latter instance, been applied to other parts of the room and furniture besides the floor, the odor would probably have been wholly subdued.

The following notes, received since the commencement of this report, give further evidence—

UNITED STATES ARMY HOSPITAL,
South street, Philad., *Sept.* 8, 1863.

Having made use of "Ridgewood Disinfecting Powder" in the U. S. A. General Hospital, at Sixth and Master streets, and subsequently at this Hospital, I do not hesitate to recommend it to the Department as an excellent article.

PAUL B. GODDARD,
Surgeon U. S. A.

LOVELL GENERAL HOSPITAL, U. S. A.,
Portsmouth Grove, R. I., *Aug.* 4, 1863.

* * * * I have tested the "disinfecting powder." I have used it in close stools, latrines, and in the dead house, and find it a valuable agent for the purposes to which it has been applied.

WM. F. CORNICK, Asst. Surgeon, U. S. A.,
In Charge pro tem.

Seventh—During the recent occupation of some of the public parks of this city by U. S. troops, the opportunity was embraced of testing the efficacy of the Ridgewood Powder, in controlling the offensiveness of the latrines and urinals of the camps, the consent of the commanding general, CANBY, being unhesitatingly given, in an order for that purpose. But an unexpected obstacle to a satisfactory experiment with it was found in the previous abundant application of the chloride of lime. Observations but served, however, to show the correctness of the principle alluded to in a previous page of this report, that it is *useless to attempt the deodorization of one volatilized body by another, and especially in the open air.* It was but too evident that the odor of the chlorine only served to increase the offensiveness of the sinks, by adding its pun-

gency to the exhalations of the excrementa, without in any degree diminishing the latter. The two together produced a compound effect upon the olfactories peculiarly disgusting. A persevering use of the Ridgewood Powder did, however, in a few days effect a sensible diminution in the unpleasantness of the localities alluded to, as was testified to by the medical and other officers; but the gradual yet persistent evolution of the chlorine continued until even some days after the camps were broken up, preventing so accurate a criticism as was desirable.

The principal requirements, therefore, in any substance to be effective as a disinfectant, are:

1st. That it shall remove or obviate offensive effluvia.

2d. That it shall prevent putrefactive fermentation, so that the offensive odor being once removed shall not recur from the same substance.

3d. That it shall combine with and preserve, in fæcal and other matters, the elements which form the food of plants.

4th. That it shall be of moderate cost and easily procurable.

5th. That it shall add nothing to the manure injurious or preventive of its action.

Of these several indications, our own experiments have proved some to be well answered by the Ridgewood Powder, and there is sound theoretical reason to believe the others to be equally so.

Our investigations on this important subject naturally lead to considerations connected with the practical applications of disinfectants as the means of purification, and the prevention of diseases in all civic and military localities. We forbear, however, to extend this report any further than to express the opinion that the great sanitary advantage to be derived from the use of the Ridgewood, or other similar deodorizers, in the stables, latrines and cesspools of cities, and during the removal of their contents, as well as in military hospitals, camps, barracks, &c., is at once apparent. But especially would it prove valuable in preventing the decomposition of dead bodies of men and animals on the field after a battle, or in cities which have been subject to long sieges and protracted military occupation, where vast accumulations of *debris* taint the air, and are the almost inevitable cause of endemic maladies of serious character."

Curiosities of the British Census.

Among the curiosities of the British census of 1861, we find the following: Thirteen ladies were "doctors," 2 were bone-setters, 17 dentists, and 1 astronomer. In the work-house were 15 surgeons; in prison for debt, 2 physicians and 13 surgeons; in the insane asylums, 5 physicians and 61 surgeons.

Correspondence.

FOREIGN.

LETTERS FROM Dr. W. N. COTE.

Paris, *Dec.* 3, 1863.

Management of Civil and Military Hospitals.

Few subjects have attracted more attention of late years, and particularly since the memorable period of the Crimean war, than the organization of the various services connected with military hospitals. Not a week passes without letters on the matter appearing in the London press, many of them evidently the result of long experience and deep thought. In fact, the feelings of the British nation were so aroused by the sufferings of the fine army which the country sent out to the East against Russia, that even at the present day every suggestion calculated to amend the evils then brought to light, is received with gratitude. A valuable pamphlet on the points in question has just appeared from the pen of Dr. Shrimpton, of this city, formerly Surgeon-Major in the French army, and for several years Surgeon-in-Chief of Field Hospitals, and of the Military Hospital of Setif, in Algeria. This work, which bears the title of "The British Army and Miss Nightingale," gives a most interesting account of the various incidents of the Crimean campaign which relate to the medical department of the British army—points out the defects of the system—shows the frightful state of the army hospitals—explains the causes of the mortality which took place there—and sketches, in lively colors, the wonderful improvement which ensued after Miss Nightingale had so heroically consented to devote her energies and vast practical experience to an entire re-organization of the English hospital service in the East. A very striking biography of that lady is given, showing how she arrived at that special knowledge which rendered her so great an authority in all matters relating to hospitals. All the details of her management in Turkey are narrated at length, and Dr. Shrimpton adds greatly to the value of the account by his own comments on the course pursued, and by a comparison between the different methods adopted in the French and English hospitals. A great amount of miscellaneous medical information is found scattered throughout the work, and an important discussion on the state of the Paris hospitals—which find but little favor in the author's eyes—will be read with interest. When it is borne in mind that the writer has had eighteen years' experience as a French army surgeon, his remarks must be looked on as invested with a serious authority, in a medical point of view; but, even to the general reader, the work, from the graphic style in which it is written, will appear deeply interesting. I hope it will find its way to America, and prove of some use in drawing the attention of the medical profession in the United States to the manner in which the wounded should be attended to.

Gen. Garibaldi.

Dr. Albani, who had been obliged to leave Garibaldi owing to urgent family affairs, has just returned to Caprera, and has since addressed the following to the *Movimento* of Genoa:—"The General has begun to walk about without a stick, and, if his foot has not recovered all its freedom of movement, he can use it without pain. On my arrival, he came to meet me without any artificial support. I have since examined the cicatrice and the articulation, and have ascertained that great progress has been made during the last two months. I can now venture to declare, without any fear of mistake, that by next spring Garibaldi will be quite sound and well again."

Mazzini.

Mazzini, the Italian patriot, is said to be suffering from a severe nervous complaint, which prevents him from leaving his room, or even his bed. It appears that he has had recourse to homœopathy, but as his disease is essentially nervous, and as he never will take a moment's rest, being constantly engaged in writing or dictating his memoirs, as well as in twenty other different occupations, it is evident that neither homœopathists nor regular physicians can have much hope of affording him any permanent relief.

The Baths.

The Baden season has now closed. The total number of foreigners who visited the baths during the season amounted to 46,806, being 794 less than in 1862.

Treatment of the Sting of Bees.

The organ with which bees inflict their sting consists of two barbed or rather serrated darts issuing from a sheath and placed back to back, so as to leave a groove between them. The sheath is encased in nine cartilaginous scales provided with muscles, eight of which perform the duty of pushing the weapon out, while the ninth draws it back. To increase the pain caused by the mechanical action of the dart, a poison is secreted from two bladders situated on both sides of the intestines—and it is this poison which causes the formation of a small pimple of an erysipelatous redness. This generally disappears in a few instants, but, sometimes, when several stings have been inflicted at a time, or when even a single one has injured a nervous filament, the inflammation is rather severe. In such cases, Dr. Latour proposes the following treatment:—1. To pull out the sting, which generally remains in the wound. 2. To foment the place with iced water, or else extract of saturn, or ammonia. 3. To apply an impenetrable coating of collodion, rendered elastic by the addition of one-tenth part of castor oil, whereby the production of heat in the living tissue is prevented and inflammation avoided.

Electricity of Blood.

M. Scoutetten communicates some researches of his on the electricity of blood. The venous blood of a horse was used as the outer liquid of Daniell's elements, and the arterial blood as the liquid in the porous vessel, but the zinc electrodes were contained in two other small porous vessels filled with a solution of sulphate of zinc, and dipping in the two kinds of blood each. The effect of this arrangement was to that of Daniell's usual element, in the ratio of 1.82 to 58.

Analysis of the Banana.

M. Corenwinder publishes a paper on the composition of the banana of Brazil, which, when peeled, is found to contain 74 per cent. of water, 5 of vegetable albumen, 19½ per cent. of sugar and pectose, and traces of starch, lime, alkalies, chlorine, iron, phosphoric acid, cellulose, and fatty matter. A field of bananas in a tropical country produces much more nutritive matter than a field of corn or potatoes of equal dimensions in a temperate climate.

W. N. Côte.

DOMESTIC.

"Infantile Remittent Fever."

Editor Medical and Surgical Reporter:

What really is this misnamed infantile remittent fever with its white furred and dotted tongue, (strawberry tongue, as some writers call it)? Nothing, I am convinced, but a scarlatina *sine eruptione*, the undeveloped poison of this producing the distress, gastric or otherwise, for which infantile remittent is so distinguished. In the epidemic of infantile remittent prevailing here this summer and spring, the characteristic strawberry tongue of scarlatina was presented in every case. The general symptoms and aspect of the patients were the same; the only perceptible difference lay in an internal localizaton of pain in the case of the infantile remittent. Sometimes the pain was referred to the head; sometimes to the stomach or sides, viz. right hypochondriac region, more frequently. In these cases of infantile remittent, the throat was flushed, erythematous and yellowish mucous was visible gurgling up into it; the nasal membrane was even plainly inflamed.

I attended three children in one family affected with infantile remittent, and a fourth with precisely the same general symptoms and in the same condition; but in this latter case a rash was *superadded*.

Surely we must admit convertibility or transmutation here, and must not, cannot, affirm coincidence of distinct disorders. From the fact that adults take this infantile remittent, and that I have seen it assume in them a typhoid character, requiring the same treatment and rebellious to the same remedies, I am persuaded that a further transmutation does occur than would be at the present hour of investigation credited; in other words I believe that the poison of typhoid is analogous, if not identical with that of infantile remittent and scarlet fever.

That diphtheria is evidently a disease due to the same poison as scarlatina nobody would doubt who

saw the complication of paralysis (a diphtheria symptom) in these cases of infantile remittent.

The old theory of modification, according to impression of epidemic constitution, will not do any longer. The true solution is transmutation. Coincidence is not tenable.

Yours truly,

Henry Oliver, M. D.

Gordon, Darke Co., *Dec.* 2, 1863.

Resection of the central portion of the lower Jaw.

Editor Medical and Surgical Reporter :

Some time last month Mr. Allen A., of Woodhull, Steuben Co., N. Y., presented himself to me with a cancer of the lower jaw, of two years' standing. I proposed an operation and he consented, and the 28th day of last month was agreed upon as the time.

Operation—Chloroform administered, my patient upon the table, an assistant behind to hold his head and compress the two facial arteries, myself standing in front, seized with my left hand one of the angles of the lower lip, my son a lad of 16 years the other, held it from the bone, the lip in a state of tension. With a vertical incision the lip was divided through the median line at once to the bone and afterward through the skin and subcutaneous cellular tissue down to the os hyoides. Then dissected back the two flaps, and with a small Heges saw sawed the bone upon both sides, and removed the whole central portion together with the cancer weighing about two and a half ounces.

I observed Dr. James R. Wood's (of New York) precaution by passing a strong ligature through the tip of the tongue at the commencement of the operation. I closed the wound and applied the usual dressing. The wound healed by the first intention, and my patient is now almost entirely well.

R. F. Brown, M. D.

Addison, Steuben Co., N. Y., *Dec.* 17, 1863.

The effects of Ipecacuanha in Dysentery.

Editor Medical and Surgical Reporter;

I will preface my statement by remarking that we have few, if any, cases of asthenic dysentery, whether endemic or otherwise; our mountainous regions healthy invigorating air, and rugged habits, conduce in the absence of miasmatic influences to produce this result, I presume in every case, without regard to temperament, age or sex. I invariably rely upon ipecacuanha, in doses appropriate to the age only. There is such a sameness in the result in my hands that I am surprised at the discrepancies in the statements of others of the profession in its use. The most noticeable advantages are: 1st. The preservation of tone in the system; 2d. An almost invariable *cutting-short* of the disease; and 3d. Rapid convalescence; and as a sequence the easy management of a relapse. All of which are so difficult on the old plan, *i. e.*, hyd. chlor. mite, terebinthina, etc. My plan of procedure is as follows: Immediately upon being warned, or made aware of the condition of my patient, I administer a pretty full dose of sulphate of magnesia, followed as soon as it has operated by from 20 to 60 grains of ipecac., using every exertion to have it retained as long as possible; it is expelled however generally in from three to seven minutes after its administration. From this time on I have seldom failed to find a convalescence established, the febrile symptoms abate, the tongue moistens and cleans, the stool assumes a natural fecal appearance, etc. etc. To trace the manner of its beneficial action we must keep in view the characteristics of the disease, and at the same time the presumed properties of this agent. In dysentery we have congestion of the bowels, mucous or bloody discharges, impaired secretions, tenesmus, etc. The properties claimed for ipecac. are briefly tonic, emetic and sudorific, it appears to me that its virtues rest mostly upon 1st. The powerful impression the heroic use of it makes upon the nervous system; 2d. Its anti-peristaltic action; and lastly, Its absorbent and astringent properties which are not inconsiderable. I may hereafter give a few cases in point to illustrate my *modus operandi*.

Z. W. Thomas, M. D.

Milesburg, Centre Co., Penna., *Dec.* 14, 1863.

Army and Navy News.

Artificial Eyes for Soldiers.

Surgeon Campbell, Medical Director of this department, has issued the following circular:

Instructions have been received from the Surgeon General to furnish artificial eyes to soldiers who have lost them in the Public Service.

Surgeons in charge of hospitals are hereby authorized to make application in form similar to those for artificial limbs, for artificial eyes, for any soldiers in their respective hospitals.

Together with the application must be transmitted proof that the applicant was an enlisted man at the time of losing the eye, and that it was lost in the line of his duty. This proof, if he is still in the service, will consist of certificates from the Commanding Officer, Surgeon in charge, or any commissioned officer personally cognizant of the facts of the case.

If discharged from the service, his discharge papers must be submitted for examination, with his own affidavit of the time, place, and manner of losing the eye, and of his not having been already furnished with an artificial one—together with the certificate, (if obtainable)—of his former commanding officer, or Surgeon in change.

Furloughs.

General Orders No. 391. War Department, Adjutant-General's Office, Washington, Dec. 9, 1863.—Commanders of Departments are authorized to grant furloughs to enlisted men in the general hospitals within the limits of their command, upon the approval of the Medical Director or Chief Medical Officer. The number allowed to be absent at one time to be limited to five (5) per cent., and the period not to exceed thirty (30) days, and to be graduated according to the distance of the applicant from his home. The good conduct of the applicant to be made the rule of the medical officers in recommending the furloughs.

By order of the Secretary of War.

E. D. Townsend,
Ass't Adj't-General.

Appointed.

Dr. Mills O. Carter, of Massachusetts, has been appointed Ass't Surgeon 19th U. S. Colored Troops, and Dr. C. Miller, of Washington, D. C., Ass't Surgeon 8th U. S. Colored Troops.

Assigned.

Ass't Surgeon Charles F. Brisbane, U. S. V., has been assigned to duty with the 1st U. S. Cavalry, Reserve Brigade, Army of the Potomac.

Surgeon J. H. Taylor, U. S. V., to duty in charge of general hospital, Summit House, Philadelphia, Penn'a.

Surgeon Howard Culbertson, U. S. V., has assumed charge of the Harvey General Hospital, at Madison, Wisconsin. Assistant Surgeon Francis L. Town, U. S. A., recently in charge, has been ordered to report in person at the office of the Ass't Surgeon-General, at Louisville, Ky.

Surgeon J. L. Teed, U. S. V., has been relieved from General Hospital No. 1, and assigned to General Hospital No. 4, Chattanooga, Tenn.

Ass't Surgeon J. W. Applegate, U. S. V., has been assigned to the Field Hospital, Morris Island.

Ass't Surgeon Samuel Hart, U. S. V., has been relieved from duty with the 16th U. S. Infantry, and placed in charge of the 4th Division General Hospital, Murfreesboro', Tenn.

Surgeon Henry Buckmaster, U. S. V., has been assigned to duty as member of the Board for the examination of Surgeons and Assistant Surgeons for regiments of Colored Troops.

In addition to his duties as Health Officer, Surgeon Henry J. Churchman, U. S. V., has been assigned to duty as Post-Surgeon at Vicksburg, Mississippi.

Ass't Surgeon J. Q. Adams, U. S. V., has been relieved from duty at Las Cruces, New Mexico, and assigned to Fort Cummings, Arizona.

Act. Ass't Surgeon A. H. Smith, U. S. A., has been assigned to Las Cruces, New Mexico.

On Duty.

Surgeon Charles McCormick, U. S. A., has arrived at Fort Monroe, Va., and entered upon his duties as Medical Director, Department of Virginia and North Carolina.

Surgeon Jabez Perkins, U. S. V., is in charge of General Field Hospital, Chattanooga, Tenn.

Resigned.

The resignations of the following named officers have been accepted by the President, to take effect from the dates set opposite their respective names:

Surgeon S. F. Elliott, U. S. V.

Ass't Surgeon J. K. Bauduy, U. S. V.

Surgeon A. P. Meylert, U. S. V., lately on duty as Medical Purveyor at Louisville, Ky., has tendered his resignation, and is on leave of absence at Scranton, Penn'a.

Changes.

Surgeon F. N. Burke, U. S. V., has been transferred from Jefferson Hospital to Gayoso Hospital, Memphis, Tenn.

So much of Special Orders No. 518, November 21, 1863, from the War Department, as assigned Ass't Surgeon Charles H. Hood, U. S. V., to duty in the Department of the South, is hereby revoked, and he will report in person, without delay, to the Commanding General, Department of the Cumberland, for assignment to duty.

Surgeon B. B. Breed, U. S. V., is authorized to delay complying with Special Orders No. 544, Dec. 8, 1863, from the War Department, assigning him to duty in the Department of the Missouri, until he has settled his accounts as Medical Purveyor, Department of North Carolina. Permission to visit Washington for that purpose is granted him.

Surgeon Henry A. Martin, U. S. V., is relieved from duty at Pilot Knob, Mo., and will proceed, without delay, to Fort Monroe, Va., and report, in person, for duty to Major-General Butler, U. S. V., commanding Department of Virginia and North Carolina.

Surgeon Gustavus Stegman, 6th U. S. Colored Troops, is relieved from duty in the Department of the Cumberland, and will report to the Surgeon-General of the Army, in this city, for orders.

Relieved.

Surgeon S. G. J. De Camp, U. S. A., has been relieved from duty at Watervliet Arsenal, N. Y.

Leave of Absence.

Surgeon D. W. Hartshorn, U. S. V., recently in charge of the Gayoso Hospital at Memphis, Tenn., is on leave of absence at Urbana, Ohio.

Surgeon J. E. Herbst, U. S. V., Surgeon-in-Chief 2d Division, 12th Corps, Army of the Cumberland, has withdrawn his resignation, and is on leave of absence at Hagerstown, Md.

The following medical officers have had the permission to delay twenty days in rejoining their regiments extended ten days.

Ass't Surgeon H. A. Goodale, 21st Mich. Vols.
Ass't Surgeon F. Corfe, 1st Wis. Vols.
Ass't Surgeon H. T. Woodruffe, 100th Ill. Vols.
Ass't Surgeon A. J. Lary, 2d East Tenn. Vols.
Ass't Surgeon J. T. Walton, 103d Penn'a Vols.
Surgeon J. M. Cook, 24th Ohio Vols.
Surgeon James R. Brelsford, 74th Ohio Vols.
Ass't Surgeon O. Nellis, 2d Va. Cav'ly.
Surgeon Henry J. Herrick, 17th Ohio Vols.
Surgeon Wm. B. McGavran, 26th Ohio Vols.
Surgeon Henry J. Herrick, 17th Ohio Vols. [Second extension.]
Ass't Surgeon J. J. Sheldon, 45th Ohio Vols.
Ass't Surgeon H. Griswold, 11th Michigan Vols.
Surgeon Wm. Forrester, 5th Kentucky Vols.
Surgeon W. F. McCurdy, 87th Penn'a Vols.
Surgeon W. M. Houston, 122d Ohio Vols.
Surgeon J. W. Whitney, 13th Mass. Vols.
Ass't Surgeon E. M. Howland, 24th Ohio Vols.

The following medical officers, recently released as prisoners of war from Richmond, will join their regiments. Permission to delay reporting for twenty days is granted them:

Ass't Surgeon D. S. Clark, 25th Ill. Vols.
Ass't Surgeon P. R. Thombs, 89th Ill. Vols.

The leave of absence granted E. W. H. Beck, 3d Indiana Cavalry, in Special Orders No. 223, December 15th, 1863, from Headquarters, Cavalry Corps, Army of the Potomac, is hereby extended fifteen days.

An extension of ten days has been added to the leave heretofore granted to Ass't Surgeon A. M. Parker, 1st Maine Cavalry, and Surgeon L. Holbrook, 18th Connecticut Vols.

Discharged.

Hospital Steward J. B. Patterson, U. S. A., has been discharged for incompetency.

Hospital Steward Ferdinand Weiler, 72d New York Vols.; Sergeants Wm. B. Young, 1st Wisconsin Cavalry; and James Mingay, 115th New York Vols.; Privates John A. Rodrigo, 5th New Jersey; Henry E. Daniels, 124th Illinois; Edward S. Fletcher, 13th Massachusetts; Thos. C. Wood, 79th New York; Grove M. Willis, 1st Illinois Artillery; John W. Smith, 121st Ohio; Robert J. Strong, 1st Minnesota; James M. McMasters, 27th Illinois; Lucius Dille, 15th Indiana Battery, Light Artillery; and William Gardiner, a substitute for a drafted man, and now Acting Hospital Steward at the Barracks for drafted men, at Philadelphia, Penn'a, have been discharged with a view to their enlistment as Hospital Stewards in the army.

Upon the recommendation of a board of officers, convened by Special Orders No. 285, of June 27, 1863, from the War Department, Assistant Surgeon Alexander B. Tablock, 4th Tenn. Vols., is honorably

discharged the service of the United States, on account of physical disability.

So much of Special Orders No. 502, November 11, 1863, as honorably discharged Ass't Surgeon Joseph B. Galer, 31st Wisconsin Vols., has been so amended as to read as follows: Ass't Surgeon Jos. B. Galer, 31st Wisconsin Vols., having tendered his resignation, is hereby honorably discharged the service of the United States, on account of physical disability, with condition that he shall receive no final payments until he has satisfied the Pay Department that he is not indebted to the Government.

Dismissed.

The following named officer [published officially November 23, 1863], having failed to appear before the Military Commission, instituted by Special Orders No. 53, current series, from the War Department, within the prescribed time, is, by direction of the President, dismissed the service of the United States, to date November 23, 1863, for the cause set opposite his name:

Surgeon Pascal A. Quinan, 150th Penn'a Vols., for absence without proper authority.

Board Dissolved.

The Board convened by Special Orders No. 318, July 18, 1863, from the War Department, for the examination of men at Convalescent Camp, Va., for admission into the Invalid Corps, has been dissolved.

Hospital Closed

General Hospital No. 1, at Vicksburg, Miss., has been closed. Surgeon L. C. Rice, recently in charge, is awaiting orders.

News and Miscellany.

Pension Examining Surgeons.

New York:—Drs. Sam'l Wait, Gouverneur; Henry C. Austin, Canton.

Wisconsin:—Dr. W. W. Reed, Jefferson.

Minnesota:—Dr. W. McMahon, Maukato.

The New Metal Indium.

By means of a spectrum analysis, a new metal has been discovered, called *indium*, which is distinguished by a very brilliant blue ray.

ANSWERS TO CORRESPONDENTS.

☞ *Correspondents will please notice our reiterated request to give their full address in their communications to us. Our correspondence is very extensive, and it is necessary for us always to know the Town, County and* State *from whence their letters are sent.*

Dr. R. S. McC., Pa.—Your two Hand Books, were mailed to you on the 22d inst.

Dr. R. S., Pa.—Your Hand Book will be sent to you after Christmas, as the Binders are very much hurried with holiday work.

Dr. J. B. W., Pa.—We can send you a Pocket Case of Instruments by mail. The price for a case of first quality instruments of Gemrig or Kolbe's make, is $12, 15, 18 to 20 and $25 according to size.

MARRIED.

Fritz—Rex.—In this city, on Thursday evening, 17th inst., by Rev. Joseph A. Seiss, D. D., Horace Fritz to Annie E., daughter of Dr. George Rex.

Mechling—Jenks.—In Brookville, Pa., on November 26th, at the house of G. W. Andrews, Esq., by Rev. S. H. Holliday, Dr. John Mechling, to Miss Mary E. daughter of D. B. Jenks, Esq., deceased.

DIED.

Macbeth.—At Columbia, South Carolina, June 12th, 1863, Ellen, wife of Edward Macbeth, and daughter of the late Dr. Togno, of this city.

Turner.—In Brooklyn, Dec. 8th, Clara Sophia, youngest daughter of Joseph M., and Sophia B. Turner, aged 4 years and 9 months.

METEOROLOGY.

December	14,	15,	16,	17,	18,	19,	20.
Wind	E.	N. W.	N. E.	E.	W.	N. W.	N. W.
Weather	Cl'dy Rain, Dr'zle Fogg,	Clear.	Clear.	Rain,	Cl'dy,	Cl'dy,	Clear.
Depth Rain	2-10			1 6-10			
Thermometer							
Minimum	42°	35°	26°	29°	31°	28°	19°
At 8 A. M.	50	43	30	34	45	30	22
At 12 M.	56	45	36	34	45	31	30
At 3 P. M.	55	42	36	40	43	31	29
Mean	50.7	41.2	32	34.2	41	30	25
Barometer.							
At 12 M.	29.4	30.5	30.3	30.2	29.7	30.1	30.1

Germantown, Pa. B. J. Leedom.

VITAL STATISTICS.	Philadelphia. Week ending December 19.	New York. Week ending December 21.	Baltimore. Week ending December 21.	Boston. Week ending December 19.	Providence. Month of November.
Popl'n. (estimated.)	580,000	950,000	240,000	180,000	52,000
Mortality.					
Male	161	263	50	46	47
Female	118	240	54	58	39
Adults	169	245	41	58	51
Under 15 years	...	253	58	46	34
Under 2 years	...	157	26	35*	19
Total	279	503	104	104	87
Deaths in 100,000	48.10	52.95	43.33	57.77	16.73
American	195	325	...	69	64
Foreign	73	178	...	35	23
Negro	16	3	18	3	4
Zymotic Diseases.					
Cholera, Asiatic	...	...	...	...	...
Cholera Infantum	...	2	...	1	...
Cholera Morbus	...	1	...	...	...
Croup	17	29	6	10	3
Diarrhœa	3	11	...	2	1
Diphtheria	10	28	1	2	5
Dysentery	1	1	...	...	2
Erysipelas	1	3	...	...	...
Fever, Intermittent	...	...	1	...	...
Fever, Remittent	1	1	...	...	...
Fever, Scarlet	2	29	7	...	...
Fever, Typhoid	13	12	4	...	7
Fever, Typhus	11	12	...	2	...
Fever, Yellow	...	...	...	...	...
Hooping-cough	...	10	1	1	...
Influenza	...	...	...	...	1
Measles	...	3	...	...	...
Small Pox	3	...	24	...	...
Syphilis	1	...	...	...	...
Thrush	...	...	...	...	...
Sporadic Diseases					
Albuminuria	...	7	...	...	...
Apoplexy	5	11	...	1	...
Consumption	45	82	15	18	21
Convulsions	9	26	1	3	1
Dropsy	2	23	3	4	...
Gun-shot Wounds	5	...	...	...	...
Intemperance	2	2	...	...	...
Marasmus	6	13	...	1	2
Pleurisy	...	3	...	2	...
Pneumonia	17	45	3	8	6
Puerperal Fever	...	...	...	...	...
Scrofula	...	1	...	...	...
Violence and Acc'ts	6	19	1	...	6

* Under 5 years.

TO CORRESPONDENTS.

For the information of those who are not authors, we will state that MANUSCRIPT INTENDED FOR PUBLICATION MUST BE WRITTEN ON BUT ONE SIDE of the sheet. If greater care was taken in the preparation of copy, much trouble would be saved to printers, and mistakes would rarely or never be made.

BACK NUMBERS.

Subscribers desiring old back numbers (excepting Nos. 304, 305, 308, 309, and 310, which are still due, and will be sent) will please remember and send money to pay for them, and for postage, as many of the numbers are growing scarce, and we have to pre-pay the postage, two cents a number.

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For every new name sent us by one of our subscribers with the amount of a year's subscription inclosed, we will allow **One Dollar** on account of subscription, or of any of the MEDICAL WORKS IN THE FOLLOWING LIST, or any other BOOKS published in this country. We furnish subscribers with books on receipt of the price. The books are sent by mail, postage prepaid, unless otherwise ordered, in which case the transportation will be paid by the subscriber.

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